

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 10 1995 PM 3:33

DOCUMENT # **493704** (1)  
1. Corporation Name  
**ESTATE ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**1515 CHICAGO AVENUE** **1515 CHICAGO AVENUE**  
**PO BOX 1663** **PO BOX 1663**  
**EVANSTON IL 60201** **EVANSTON IL 60201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/14/1976** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1707127</b>	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and title of applicant)

(If (1) Registered Agent (signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b>	1. TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDERS, ROBERT</b>	12. NAME	<b>Landers, Robert</b>
STREET ADDRESS	<b>1515 CHICAGO AVE</b>	13. STREET ADDRESS	<b>1515 Chicago Avenue</b>
CITY, ST, ZIP	<b>EVANSTON, ILL. 00000</b>	14. CITY, ST, ZIP	<b>Evanston, IL 60201</b>
TITLE	<b>P</b>	21. TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLANAGAN, JAMES M</b>	22. NAME	<b>Flanagan, James M.</b>
STREET ADDRESS	<b>1515 CHICAGO AVE</b>	23. STREET ADDRESS	<b>1515 Chicago Avenue</b>
CITY, ST, ZIP	<b>EVANSTON, ILL. 00000</b>	24. CITY, ST, ZIP	<b>Evanston, IL 60201</b>
TITLE	<b>S</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHATZ, PEGGY</b>	32. NAME	
STREET ADDRESS	<b>1515 CHICAGO AVE.</b>	33. STREET ADDRESS	
CITY, ST, ZIP	<b>EVANSTON IL</b>	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or newly added with an address.

SIGNATURE: **President** **3-21-95** **708-866-7400**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Typed Name)