

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra Bratton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **607703** (6)
1. Corporation Name
WEST FLORIDA INVESTMENTS, INC.

Principal Place of Business
**C/O CITIBANK
800 W. MADISON, 8TH FLOOR
CHICAGO IL 60661
US**

Mailing Address
**C/O CITIBANK LEGAL DEPT.
500 W. MADISON, 6TH FLOOR
CHICAGO IL 60661
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/24/1979

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 36-3049736		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDAS	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCK, LOUISE			12 NAME			
STREET ADDRESS	500 W MADISON 5TH FLOOR			13 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60661			14 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUL, CLARENCE			22 NAME			
STREET ADDRESS	500 W. MADISON, 5TH FLOOR			23 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60661			24 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CSAR, CHRISTOPHER			32 NAME			
STREET ADDRESS	500 W MADISON 5TH FLOOR			33 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60661			34 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		41 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCK, DALE C			42 NAME	Ann R. Bratton		
STREET ADDRESS	ONE SANSOME ST, 27TH FL			43 STREET ADDRESS	500 W. Madison, 8th Floor		
CITY-ST-ZIP	SAN FRANCISCO CA 94104			44 CITY-ST-ZIP	Chicago, IL 60661		
TITLE		<input type="checkbox"/> DELETE		51 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				52 NAME	Nancy McCort		
STREET ADDRESS				53 STREET ADDRESS	500 W. Madison, 6th Floor		
CITY-ST-ZIP				54 CITY-ST-ZIP	Chicago, IL 60661		
TITLE		<input type="checkbox"/> DELETE		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that 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 on an attachment with an address.

SIGNATURE:

Ann R. Bratton

Ann R. Bratton

4-6-98

312/627-3718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0522717

CR2E034 (10/97)