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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 844314 (5)

1. Corporation Name  
WFL REALTY, INC.



Principal Place of Business Mailing Address  
%TAX ACCTG (7-3). 844 N LARRABEE (80610) %TAX ACCTG (7-3). 844 N LARRABEE (80610)  
MONTGOMERY WARD PLAZA MONTGOMERY WARD PLAZA  
CHICAGO IL 60671 CHICAGO IL 60671

3. Date Incorporated or Qualified 10/08/1979 3a. Date of Last Report 03/29/1996  
4. FEI Number 36-3033169 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 32 Loockerman Square, 26 Suite, Apt. #, etc.  
22 Suite L-100 27 Payroll Tax 8-3  
City & State City & State  
23 Dover, Delaware 28  
Zip Country Zip Country  
24 19901 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 Name  
1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable)  
SUITE 105 83  
TALLAHASSEE FL 32301 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINE, SPENCER H	1.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VPTA <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, G. T.	2.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELK, PHILIP D	3.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, JOHN L.	4.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JAMES	5.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, G. T.	6.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

14. I do 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 *James Butler* REQUIRED James Butler, Asst. Sec'y 03/18/97 (312) 467 4914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0527638

CR2E034 (9/96)