

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

FILED

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
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DOCUMENT # **846913** (2)
1. Corporation Name
GABEWARD PROPERTIES CORPORATION



Principal Place of Business % TAX ACCTG (7-3) MONTGOMERY WARD PLAZA CHICAGO IL 60671		Mailing Address % TAX ACCTG (7-3) MONTGOMERY WARD PLAZA CHICAGO IL 60671		3. Date Incorporated or Qualified 09/09/1980	3a. Date of Last Report 03/29/1996
2. Principal Place of Business 21 32 Loockerman Square, Suite, Apt. #, etc. 22 Suite L-100 City & State 23 Dover, Delaware Zip 24 19901	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Payroll Tax 8-3 City & State 28 Zip 29 Country 30	4. FEI Number 36-3087208		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, G. T	1.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELK, PHILIP D	2.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, JOHN L.	3.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINE, SPENCER, H	4.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMS, CAROLJ.	5.2 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	VPAT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATHANY, DOUGLAS	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)(j), 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* **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 #

0627836

CR2E034 (9/96)