

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 852287 (2)

1. Corporation Name

FOX AND GROVE, CHARTERED, INCORPORATED



Principal Place of Business

Mailing Address

311 S WACKER DR  
STE 6200  
CHICAGO IL 60606-6622  
US

311 S WACKER DR  
STE 6200  
CHICAGO IL 60606-6622  
US

3. Date Incorporated or Qualified 03/22/1982	3a. Date of Last Report 02/10/1995
4. FEI Number 36-3030380	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 type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBEY, DAVID  
360 CENTRAL AVE  
11TH FLOOR  
ST. PETERSBURG FL 33701

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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
NAME	FOX, SHAYLE P.	
STREET ADDRESS	ONE ROCKGATE LANE	
CITY-ST-ZIP	GLENCOE IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GROVE, KALVIN M.	
STREET ADDRESS	3846 MEDFORD CIRCLE	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COHEN, LAWRENCE M.	
STREET ADDRESS	1023 SHERIDAN ROAD	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINCUS, S. RICHARD	
STREET ADDRESS	215 WEST ILLINOIS	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOFOED, RUSSELL M.	
STREET ADDRESS	807 LINDEN	
CITY-ST-ZIP	WILMETTE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JEFFREY S.	
STREET ADDRESS	637 CHARLEMAGNE DRIVE	
CITY-ST-ZIP	NORTHBROOK IL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3110 2nd Street West
2.4 CITY-ST-ZIP	Pass-A-Grille, FL 33706
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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:

*Shayle P. Fox*

Shayle P. Fox, President, 2/23/96 (312) 876-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)