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Apr 15 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 # 857381 (8)

1. Corporation Name  
ORANGELAND VISTAS, INC.

Principal Place of Business

C/O ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606

Mailing Address

C/O ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606-2800



3. Date Incorporated or Qualified 08/10/1983  
3a. Date of Last Report 03/04/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 36-3250287		Applied For 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. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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	PD ROSENBERG, SHEL J. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, SHEL J.	1.2 NAME	Stonebraker, Kelly
STREET ADDRESS	2 N RIVERSIDE PLAZA	1.3 STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	CHICAGO IL	1.4 CITY - ST - ZIP	Chicago, IL 60606
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, JAMES M.	2.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M.	3.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	3.4 CITY - ST - ZIP	
TITLE	TV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A.	4.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE 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	KOSFELD, MARLENE C.	5.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBENTRITT, DONALD J	6.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider  
Secretary

4/4/97 312-466-3607

Date

Daytime Phone #

0482387

CR2E034 (9/96)