

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

FILED

**Jan 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F85196 (6)
1. Corporation Name
HARRIS TRUST COMPANY OF FLORIDA



Principal Place of Business: 505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401
Mailing Address: 505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1982	
21	Suite, Apt. #, etc.	26	777 So. Flagler Dr.	4. FEI Number 59-2197219	Applied For Not Applicable
22	City & State	27	suite 140	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	west Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	33401	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30	U.S.A.		

9. Name and Address of Current Registered Agent				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHWAT, LINDA L.	12 NAME	
STREET ADDRESS	111 W. MONROE STREET	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	21 TITLE	SRVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HALSEY	22 NAME	WILLIAM T. ROSS
STREET ADDRESS	605 SOUTH FLAGLER DR, #1400	23 STREET ADDRESS	777 South Flagler Drive, #140
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	west Palm Beach, FL 33401
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULKIN, MARGARET M	32 NAME	
STREET ADDRESS	111 W MONROE ST	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JOHN M	42 NAME	SAME
STREET ADDRESS	605 S FLAGLER DR., #1400	43 STREET ADDRESS	777 South Flagler Dr., #140
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	west Palm Beach, FL 33401
TITLE	SRVP <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELWELL, BRUCE	52 NAME	SRVP
STREET ADDRESS	605 SOUTH FLAGLER DRIVE, #1400	53 STREET ADDRESS	PHILIP W. Young
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP	South Flagler Drive, #140
TITLE	DC <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, JAY L	62 NAME	
STREET ADDRESS	1091 YALE COURT	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	64 CITY-ST-ZIP	

4. 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: _____

CR2E034 (10/97)