

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F92000000414 (4)

1. Corporation Name

CODEVCO REAL ESTATE COMPANY, INC.

Principal Place of Business

Mailing Address

**450 EAST DEVON AVENUE, SUITE 250
ITASCA IL 60143**

**450 EAST DEVON AVENUE, SUITE 250
ITASCA IL 60143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

04/06/1994

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

4. FEI Number

36-3031668

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARCIA, MAURICE M
2021 TYLER STREET
HOLLYWOOD FL 33022**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **DIMATTEO, JAMES S.**
STREET ADDRESS **450 EAST DEVON AVENUE, SUITE 250**
CITY - ST - ZIP **ITASCA IL**

TITLE **VSTD**
NAME **NOVICK, IVAN S**
STREET ADDRESS **450 EAST DEVON AVENUE, SUITE 250**
CITY - ST - ZIP **ITASCA IL 60143**

TITLE **D**
NAME **DIMATTEO, JAMES S.**
STREET ADDRESS **450 EAST DEVON AVENUE, SUITE 250**
CITY - ST - ZIP **ITASCA IL**

TITLE **VAS**
NAME **DIMATTEO, JAMES S**
STREET ADDRESS **450 EAST DEVON AVENUE, SUITE 250**
CITY - ST - ZIP **ITASCA IL 60143**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(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:

Ivan S. Novick
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

IVAN S. NOVICK

4/13/95
DATE

718-773-9188
TELEPHONE NUMBER