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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F92000000414 (4)**

1. Corporation Name

CODEVCO REAL ESTATE COMPANY, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 607.1505, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of the person who signed this statement on behalf of the corporation

Signature of the Registered Agent or the person who signed this statement on behalf of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DIMATTEO, JAMES S.	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	
CITY-STATE-ZIP	ITASCA IL	
TITLE	VSTD	☐ DELETE
NAME	NOVICK, IVAN S	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	
CITY-STATE-ZIP	ITASCA IL 60143	
TITLE	D	☐ DELETE
NAME	DIMATTEO, JAMES S.	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	
CITY-STATE-ZIP	ITASCA IL	
TITLE	VAS	☐ DELETE
NAME	DIMATTEO, JAMES S	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	
CITY-STATE-ZIP	ITASCA IL 60143	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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:

James S. Dimatteo

VIC: PACSIOLE

IVAN S. Novick

1/31/96

708-773-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)