

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3031668	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GARCIA, MAURICE M 2021 TYLER STREET HOLLYWOOD FL 33022		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	1.1 TITLE	☐ Change ☐ Addition
NAME	DIMATTEO, JAMES S.	1.2 NAME	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	☐ Change ☐ Addition
NAME	NOVICK, IVAN S	2.2 NAME	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	2.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL 60143	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DIMATTEO, JAMES S.	3.2 NAME	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	3.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	☐ Change ☐ Addition
NAME	DIMATTEO, JAMES S	4.2 NAME	
STREET ADDRESS	450 EAST DEVON AVENUE, SUITE 250	4.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL 60143	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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:

Sandra B. Mortham

1/19/98 630-773-9088

CP2E034 (10/97)