

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000428 (4)

1. Corporation Name

WESTON REALTY SALES, INC.



Principal Place of Business

900 NORTH MICHIGAN AVE.
CHICAGO IL 60611

Mailing Address

900 NORTH MICHIGAN AVE.
CHICAGO IL 60611

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

01/26/1995

4. FET Number

58-1809824

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 making change.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MILLER, ERNEST M
STREET ADDRESS 7900 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL 33429

TITLE S ☐ DELETE

NAME YATES, KEVIN B
STREET ADDRESS 900 NORTH MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL 60611

TITLE T ☐ DELETE

NAME LOVELETTE, STEPHEN A
STREET ADDRESS 900 NORTH MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL 60611

TITLE D ☐ DELETE

NAME NICKELE, GARY
STREET ADDRESS 900 NORTH MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL 60611

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Lassman, Mark
1.3 STREET ADDRESS 7900 Glades Road
1.4 CITY-ST-ZIP Boca Raton, FL 33434

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 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 state-authorized empowers 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 in an attachment with an address.

SIGNATURE:

Kevin B. Yates

Kevin B. Yates, Secretary

3/14/96

312-915-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day & Phone #

CR2E034 (12/95)