

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90283 028 ***150.00

DOCUMENT #

F92000000428

1. Corporation Name

Weston Realty Sales, Inc.

Principal Place of Business

Mailing Address

900 N. Michigan Ave.
Chicago, IL 60611-1575

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Chicago, IL 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. 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

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 Director ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Nickele, Gary

1.2 NAME

STREET ADDRESS 900 N. Michigan Ave.

1.3 STREET ADDRESS

CITY-STATE-ZIP Chicago, IL 60611

1.4 CITY-STATE-ZIP

TITLE President ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME Lassman, Mark D.

2.2 NAME

STREET ADDRESS 7900 Glades Road

2.3 STREET ADDRESS

CITY-STATE-ZIP Boca Raton, FL 33434

2.4 CITY-STATE-ZIP

TITLE Vice President ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME Kogen, Howard

3.2 NAME

STREET ADDRESS 900 N. Michigan Ave.

3.3 STREET ADDRESS

CITY-STATE-ZIP Chicago, IL 60611

3.4 CITY-STATE-ZIP

TITLE Treasurer ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME Lovelette, Stephen A.

4.2 NAME

STREET ADDRESS 900 N. Michigan Ave.

4.3 STREET ADDRESS

CITY-STATE-ZIP Chicago, IL 60611

4.4 CITY-STATE-ZIP

TITLE Secretary ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME Nielsen, Paul C.

5.2 NAME

STREET ADDRESS 900 N. Michigan Ave.

5.3 STREET ADDRESS

CITY-STATE-ZIP Chicago, IL 60611

5.4 CITY-STATE-ZIP

TITLE Assistant Secretary ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME O'Mahoney, Karen M.

6.2 NAME

STREET ADDRESS 900 N. Michigan Ave.

6.3 STREET ADDRESS

CITY-STATE-ZIP Chicago, IL 60611

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: Karen M. O'Mahoney Karen M. O'Mahoney 04/19/1999 (312) 915-1969

CR2E034 (11/98)