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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000904 (4)

1. Corporation Name

NW PROPERTIES CORP.

Principal Place of Business

% JAY FELNER
4770 TREE FERN DR.
DELRAY BEACH FL 33445

Mailing Address

% JAY FELNER
4770 TREE FERN DR.
DELRAY BEACH FL 33445-7026



3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 04/04/1996
4. FEI Number 88-0260426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FELNER, JAY
4770 TREE FERN DR.
DELRAY BEACH FL 33445

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEFKOVITZ, IRVING D	
STREET ADDRESS	801 SKOKIE BLVD., #106	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWARTZBERG, ALBERT	
STREET ADDRESS	152 W 57TH STREET 7TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NESHEK, THOMAS	
STREET ADDRESS	14 E. WALWORTH ST.	
CITY-ST-ZIP	ELKHORN WI 53121	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FELNER, JEFFREY	
STREET ADDRESS	625 AUBURN CIRCLE WEST	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, ROBERT U	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAGNER, NATHAN	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lefkovitz, Edwin	
1.3 STREET ADDRESS	26720 Country Side Lake	
1.4 CITY-ST-ZIP	Mundelein, IL 60060	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (847) 432-3666

Date

Daytime Phone #

CR2E034 (9/96)