

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

FILED
Apr 17 1998 8:00am
Secretary of State

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

DOCUMENT # **F93000001518 (0)**

1. Corporation Name
PERA TAMPA, INC.



Principal Place of Business ATTN: STUART C. KATZ 180 NORTH LASALLE STREET CHICAGO IL 60601	Mailing Address ATTN: STUART C. KATZ 180 NORTH LASALLE STREET CHICAGO IL 60601
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1993	
21 Suite, Apt. #, etc	22 City & State	26 c/o Susan Nelson	27 Suite, Apt. #, etc 180 N. LaSalle St. #3400	4. FEI Number 36-3813480	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Chicago, IL	29 Zip 60601	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERLMUTTER, STEPHEN			1.2 NAME	Mary K. Ludgin		
STREET ADDRESS	180 N. LASALLE STREET			1.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL 60601			1.4 CITY - ST - ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDELMAN, HOWARD J			2.2 NAME			
STREET ADDRESS	180 N. LASALLE STREET			2.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL 60601			2.4 CITY - ST - ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, STUART C			3.2 NAME			
STREET ADDRESS	180 N. LASALLE STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL 60601			3.4 CITY - ST - ZIP			
TITLE	VTAS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROGER E			4.2 NAME			
STREET ADDRESS	180 N. LASALLE STREET			4.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL 60601			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENEDICT, NORMAN G			5.2 NAME			
STREET ADDRESS	180 N. LASALLE STREET, SUITE 3700			5.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL 60601			5.4 CITY - ST - ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUEHNLE, HERBERT			6.2 NAME			
STREET ADDRESS	180 N LASALLE STREET			6.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL			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:

[Signature] 4/10/98 312-855-5700

CR2E034 (10/97)