

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

FILED

Feb 17 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 # F93000001846 (5)

1. Corporation Name

PEORIA FORREST HILL DEVELOPMENT COMPANY

Principal Place of Business
1200 RIVER VALLEY PLAZA
PEORIA IL 61602

Mailing Address
3225 NORTH DRIES LANE
PEORIA IL 61604-1204
US



3. Date Incorporated or Qualified 04/15/1993	3a. Date of Last Report 04/30/1996
4. FEI Number 37-0969560	Applied For 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

GRAVES, JEFFREY P
1277 KINGSWAY ROAD
BRANDON FL 33510

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	BECKER, DONNA J	1.2 NAME	
STREET ADDRESS	125 S.W. JEFFERSON STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEORIA IL 61602	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	
NAME	BECKER, G. RAYMOND	2.2 NAME	
STREET ADDRESS	123 S.W. JEFFERSON STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEORIA IL 61602	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	
NAME	LANZOTTI, BILL A	3.2 NAME	
STREET ADDRESS	3516 MARBLEWAY DRIVE	3.3 STREET ADDRESS	3648 Sandia Drive
CITY - ST - ZIP	PEORIA IL 61604	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Bill A. Lanzotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/11/97 (309) 681-1112

CR2E034 (9/96)