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STATE OF FLORIDA
TALLHASSEE, FLORIDA

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***225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **F93000004478**
1. Corporation Name
Gatorland Vistas, Inc.

Principal Place of Business Mailing Address
**c/o Ann M. Schneider
2 N. Riverside Plaza
Chicago, IL 60606**

3. Date Incorporated or Qualified **10/5/93** 3a. Date of Last Report

21	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	36-3907183	Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent
**The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheli Z. Rosenberg	1.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	1.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60606	1.4 CITY-ST-ZIP	
TITLE	Director/VP/Treasurer	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur A. Greenberg	2.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	2.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60606	2.4 CITY-ST-ZIP	
TITLE	Director/Vice President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James M. Phipps	3.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	3.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60606	3.4 CITY-ST-ZIP	
TITLE	Vice President	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald J. Liebentritt	4.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	4.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60606	4.4 CITY-ST-ZIP	
TITLE	Secretary	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann M. Schneider	5.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	5.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60606	5.4 CITY-ST-ZIP	
TITLE	Asst. Secretary	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene C. Kosfeld	6.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	6.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60606	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)(b), 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: 3/8/95 312-466-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ann M. Schneider, Secretary
RW 3-13-95