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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004478 (4)

1. Corporation Name

GATORLAND VISTAS, INC.



Principal Place of Business

Mailing Address

C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606

C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ROSENBERG, SHEL Z
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO IL

TITLE VD ☐ DELETE

NAME PHIPPS, JAMES M
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO IL

TITLE VPTD ☐ DELETE

NAME GREENBERG, ARTHUR A
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO IL

TITLE AS ☐ DELETE

NAME KOSFELD, MARLENE C
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO IL

TITLE S ☐ DELETE

NAME SCHNEIDER, ANN M
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO IL 60606

TITLE VP ☐ DELETE

NAME LIEBENTRITT, DONALD J
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY- ST- ZIP CHICAGO IL 60606

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

TV

Greenberg, Arthur A.
2 N. Riverside Plaza
Chicago, IL 60606

VD

Liebentritt, Donald J.
2 N. Riverside Plaza
Chicago, IL 60606

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)(k), 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:

2/5/96

312-466-3607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider, Secretary

CR2E034 (12/95)