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

PROFIT CORPORATION **ANNUAL REPORT**

1998

我三年本からからは、日本の日本の事業はない我を教をといってもことであるから

●選出、「大学を持ちます」というでは、またいでは、日本のでは



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004478 (4)

GATORLAND VISTAS, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			a sameralt bird raren sittli ditter mestit dittir dittir dittir diller dittir fabor fort edit	
C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606		C/O ANN M. SCHMEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606				
					DO NOT WRITE IN THIS SPACE	
OFFICE OF IL	ANN	CHICAGO IL COOO			3. Date incorporated or Qualified	
					10/05/1993	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26]			36-3907183 Not Applicable	
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
City & State		City & State		~	Fee Required	
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes XNo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
THI	PRENTICE-HALL CORPORATION	SYSTEM INC.		B1 Nam	me	
1201 HAYS STREET			}	82 Stree	eet Address (P.O. Box Number is Not Acceptable)	
_	TE 105		Ĺ		The second secon	
TALLAHASSEE FL 32301			[83		
			ŀ	84 City	85 Zip Code	
				_	FL <u></u>	
office or re	egistered agent, or both, in the State of	l Florida. Such change was a	authorized	by the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
agent. I a	m fam iliar with, and accept the obligati	ons of, Section 607.0505, Flo	orida Stati	nes.		
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable (NOT	: Registered	Agent signat	alute required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	DELETE	1.1 T()	LE	Change Addition	
NAME	Stonebraker, Kelly		1.2 NA	ME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA		1.3 \$11	REET ADDRES	ss	
CITY-ST-ZIP	CHICAGO IL		_	Y-ST-ZIP		
TITLE	VD	DELETE	21 T/T	LE	Change Addition Change	
NAME	PHIPPS, JAMES M		2.2 NA	ME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA		2.3 STF	REFT ADDRES	SS	
CITY-ST-ZIP	CHICAGO IL		_	Y-ST-ZIP		
TITLE	TV	DELETE	3.1 TIT		☐ Change ☐ Addition	
NAME	GREENBERG, ARTHUR A		3.2 NA			
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA			REE1 ADDRES	ss	
CITY-ST-ZIP	CHICAGO IL		_	Y-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 T)T		Change Addition	
NAME	KOSFELD, MARLENE C		4. 2 NA			
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA			EET ADDRES	SS	
CITY-ST-ZIP	CHICAGO IL			Y-ST-ZIP		
TITLE	S COUNTINED ANN M	☐ DELETE	5.1 TIT		. Change Addition	
NAME	SCHNEIDER, ANN M		5.2 NAI			
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA			EFT ADDRES	28	
CITY-ST-ZIP	CHICAGO IL 60606			Y-ST-ZIP		
TITLE	PD	DELETE	6.1 TH		Change Addition	
NAME	LIEBENTRIRR, DONALD J		6.2 NA			
STREET ADDRESS	2 N. RIVERSIDE PLAZA		6.3 \$16	EET ADDRESS	22	
CITY-ST-ZIP	CHICAGO IL		64 CIT	V - ST - 7IP		

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 man attachment with an address.

APR 1 0 1000

SIGNATURE:

APR 10 1998

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