

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004657 (3)

1. Corporation Name

TVO SEMORAN, INC.



Principal Place of Business

Mailing Address

70 EAST LAKE STREET
SUITE 600
CHICAGO IL 60601

8090 SURETY DR
STE 102
EL PASO TX 76061
US

3. Date Incorporated or Qualified
10/15/1993

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21 2250 N. Semoran Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 ORLANDO, FL

28

Zip

Country

Zip

Country

24 32807

25

USA

29

79905

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAMS, LEHN E
801 N. MAGNOLIA AVENUE
SUITE 201
ORLANDO FL 32803-3842

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 the corporation

(If Officer, Registered Agent Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PC	VANDENBURG, DAVID L	70 EAST LAKE STREET STE 600 CHICAGO IL	☐
	VST	BOGAS, DAVID	70 EAST LAKE STREET STE 600 CHICAGO IL	☐
	AS	RODGERS, GRACE M	70 EAST LAKE STREET, SUITE 600 CHICAGO IL	☒
				☐
				☐
				☐
				☐

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

915
778-7500

Date

Day of Month

CR2E034 (3/96)