


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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001385 (3)
 1. Corporation Name
BSRT FOUNTAIN SQUARE CORP.

Principal Place of Business % BANYAN MANAGEMENT CORP. 150 S. WACKER DR., SUITE 2900 CHICAGO IL 60606	Mailing Address % BANYAN MANAGEMENT CORP. 150 S. WACKER DR., SUITE 2900 CHICAGO IL 60606
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DO NOT WRITE IN THIS SPACE

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 Country
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 03/18/1994	
4. FEI Number 36-3942546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEVINE, LEONARD G	
STREET ADDRESS	150 S. WACKER DR., #2900	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HIGGINS, ROBERT G	
STREET ADDRESS	150 S. WACKER DR., #2900	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHMIDT, JAY E.	
STREET ADDRESS	150 S. WACKER DR., #2900	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HANSEN, NEIL D	
STREET ADDRESS	150 SOUTH WACKER DRIVE, SUITE 2900	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	TEGLIA, JOEL L	
STREET ADDRESS	150 SOUTH WACKER DRIVE, SUITE 2900	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SWIECA, CHRISTOPHER J	
STREET ADDRESS	150 SOUTH WACKER DRIVE, SUITE 2900	
CITY - ST - ZIP	CHICAGO IL 60606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 trustee 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: _____ **REQUIRED** Christopher J. Swieca 1/23/98 312 553 5800

CR2E034 (10/97)