

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000001503 (1)

1. Corporation Name

CONSTELLATION APARTMENTS, INC.

Principal Place of Business

15 W. COLLEGE DR.  
ARLINGTON HTS IL 60004

Mailing Address

15 W. COLLEGE DR.  
ARLINGTON HTS IL 60004



3. Date Incorporated or Qualified  
03/24/1994

3a. Date of Last Report  
08/02/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

KESHEN, NELSON C ESO  
9130 S DADELAND BLVD STE 1511  
MIAMI FL 33156

4. FEI Number  
36-2468250

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PDC  
FELLARS, CAROLYN  
15 W. COLLEGE DR.  
ARLINGTON HTS. IL 60004

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D  
FELLARS, RICHARD  
7575 ROCKTON RD.  
ROCKFORD IL 61103

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D  
LOUDON, RHEA  
1719 STUART  
BERKELEY CA 94703

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
V  
CARLSON, JOHN  
BOX 2214 RFD  
LONG GROVE IL 60047

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
S  
FELLARS, ROY A  
3323 LAKEWOOD CT.  
GLENVIEW IL 60025

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
T  
FELLARS, REED  
1921 N. HALSTED  
CHICAGO IL 60614

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROYA FELLARS

Date

Daytime Phone #

2/13/96 847-255-1606

CR2E034 (12/95)