

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 60004-1854

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	FELLARS, CAROLYN	
STREET ADDRESS	15 W. COLLEGE DR.	
CITY-ST-ZIP	ARLINGTON HTS. IL 60004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLARS, RICHARD	
STREET ADDRESS	7575 ROCKTON RD.	
CITY-ST-ZIP	ROCKFORD IL 61103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUDON, RHEA	
STREET ADDRESS	1719 STUART	
CITY-ST-ZIP	BERKELEY CA 94703	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLSON, JOHN	
STREET ADDRESS	BOX 2214 RFD	
CITY-ST-ZIP	LONG GROVE IL 60047	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELLARS, ROY A	
STREET ADDRESS	3323 LAKEWOOD CT.	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FELLARS, REED	
STREET ADDRESS	1921 N. HALSTED	
CITY-ST-ZIP	CHICAGO IL 60614	

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 do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/97 847-255-1606

CR2E034 (9/96)