

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

4. FEI Number

36-2468250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PDC
FELLARS, CAROLYN
STREET ADDRESS
15 W. COLLEGE DR.
CITY-ST-ZIP
ARLINGTON HTS. IL 60004

TITLE ☐ DELETE

NAME
D
FELLARS, RICHARD
STREET ADDRESS
7575 ROCKTON RD.
CITY-ST-ZIP
ROCKFORD IL 61103

TITLE ☐ DELETE

NAME
D
LOUDON, RHEA
STREET ADDRESS
1719 STUART
CITY-ST-ZIP
BERKELEY CA 94703

TITLE ☐ DELETE

NAME
V
CARLSON, JOHN
STREET ADDRESS
BOX 2214 RFD
CITY-ST-ZIP
LONG GROVE IL 60047

TITLE ☐ DELETE

NAME
S
FELLARS, ROY A
STREET ADDRESS
3323 LAKEWOOD CT.
CITY-ST-ZIP
GLENVIEW IL 60025

TITLE ☐ DELETE

NAME
T
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D
RICHARD FELLARS
2.3 STREET ADDRESS
6526 SPRING BROOK Rd #109
2.4 CITY-ST-ZIP
ROCKFORD, IL 61114

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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]

1/17/98 847765-1606

CR2E034 (10/97)