

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90087 034 ***150.00

DOCUMENT # F94000001503

1. Corporation Name

CONSTELLATION APARTMENTS, INC.



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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**15 W. COLLEGE DR.
ARLINGTON HTS IL 60004**

2a. Mailing Address

**15 W. COLLEGE DR.
ARLINGTON HTS IL 60004**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 reinstalling)

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
RICHARD FELLARS**
STREET ADDRESS **6526 SPRING BROOK RD #109**
CITY-ST-ZIP **ROCKFORD IL 61114**

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Carolyn Fellars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 *847-255-1606*
Date Daytime Phone #

CR2E034 (11/98)