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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400003771 (2)

EQR-HERON COVE VISTAS, INC.

Principal Place of Business Mailing Address % ANN M. SCHNEIDER % ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 CHICAGO IL 60606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 36-3991101 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 81 1201 HAYS ST. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 84 City 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) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1,1 TITLE Change GREENBERG, ARTHUR A NAME 1.2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE LIEBENTRITT, DONALD J NAME 2.2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 2.3 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Chance PHIPPS, JAMES M NAME 3.2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL 60606 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE SCHNEIDER, ANN M 4. 2 NAME 2 N. RIVERSIDE PLAZA STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE KOSFELD, MARLENE C NAME 5.2 NAME 2 N. RIVERSIDE PLAZA 5.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition Director STEVENS, STANLEY M. NAME 6.2 NAME Stonebraker, Kelly 2 NORTH RIVERSIDE PLAZA STREET ADDRESS 63 STREET ADDRESS 2 N. Riverside Plaza

64 CITY-ST-ZIP Chicago, IL 60606

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 of 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 attractment with an address.

SIGNATURE:

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Apr 20 1998 8:00am

Secretary of State