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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400006556 (4)

LENSOLDAVI CORP.

N/ME

STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information supplie information indicated on this annual report of Lamian officer or director of the corporation appears in Block 12 or Block 13 it changing

CHIY-ST ZIP

Principal Paper of Business Mailing Address 190 S. LASALLE ST., STE, 500 CHICAGO IL 60603 CHICAGO IL 60603 Mailing Address 190 S. LASALLE ST., STE, 500 CHICAGO IL 60603-3411									
						 Date Incorporated or Qualified 12/22/1994 	3a. Date of Last Report 02/12/1996		
2. Principal Place of Business 28. Mailing Address						4. FEI Number Applied For			
21		26				36-3866375			ot Applicable
Suite, Apt	#, C*c	Suite, Apt. #, etc 27) .			5. Certificate of Status Desired			Additional equired
City & Stat	te	Crty & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip)	30 Cou	intry		This corporation has liability for i Florida Statutes	ntangible t Yes [-	s. 199.032,
	9. Name and Address of Curren					10. Name and Address of New Re	platered A	gent	
CT	CORPORATION SYSTEM			81	Name				
1200 SOUTH PINE ISLAND ROAD					Street Add	ress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				82	Street Add	illess (F.O. Box number is not Acceptable)			
, <u> </u>				83					// //
				84	City	***	FL	85 Zip	Code
office or agent. I a SIGNATURE	Sign after typical or pair to a name of respectment age	मने सम्बद्ध रिक्त की बहु हुनेन की निर्मा				poration submits this statement for the p tion's board of directors. I hereby accep lied wher renetating) ADDITIONS/CHANGES TO OFFIC	DATE		
12.	OFFICERS AND DIRECTORS DP DELETE			13. 11 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	SHERMAN, LEONARD H			12 NAME				LL Charge	
STHEET ATORESS	190 S. LASALLE ST., STE. 500	1		13 STREET ADDRESS					
CICY ST ZP	CHICAGO IL 60603	,	1.4 City-St-ZiP						
TITEF	DST				- <u>TI</u>			Change	Addition
NAME	SHERMAN, DAVID A			21 TITLE 22 NAME					
STREET ADDRESS	190 SOUTH LASALLE ST., STE	E. 500			ADDRESS				
CITY - \$1 - ZIF	CHICAGO IL 60603	-:		HY-S	1				
Title	V	DELET						Change	Addition
NAME	RADCLIFFE, STEVEN	·	32 N	AME				_	
STREET ADDRESS	190 SOUTH LASALLE ST., STE	E. 500			ADDRESS				
CITY - \$1 - 20°	CHICAGO IL 60603			HY-S					
111.6	V	DELET						Change	Addition
NAME	RICHMAN, GARY		4. 2 N	IAME:					
STREET ADDRESS	190 SOUTH LASALLE ST., STE	E. 500	4.3 \$	TREET A	ADDRESS				
City+S1_ZiF	CHICAGO IL 60603		4.4 C	ITY-ST	T- ZIP				
7011÷		DELET	E 5.1 TI	TLE				Change	Addition
NAM's			5.2 N	AME					
STREET ADDRESS			5.3 S	IREET A	ADDRESS				
C(1) - S1 - ZIF			5.4 C	ITY-ST	1-21P				
7/1/2		T nei ei						Change	Addition

6.3 STREET ADDRESS

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee each owered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6 4 CITY-ST-ZIP