## 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** 

## DOCUMENT # F95000000890 1. Corporation Name

RBG XXIII CORP.

## FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90012 025 \*\*\*150.00



Principal Place of Business Mailing Address							9111 <b>88</b> 183 18118	INIEL OREL 1881
154 WEST HUBBARD. SUITE 250 154 WEST HUBBARD. SUITE				?50				
CHICAGO IL 60610 CHICAGO IL 60610					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 02/22/1995		
2. Principal Pl	ace of Business	2a.	Mailing Address			4. FEI Number	Ap	plied For
21	-	26	•	-		36-4017803	No	t Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	1
City & State		<del> -</del> -'-	City & State		<del></del> -	6. Election Campaign Financing	\$5.00	May Be
23		28	•			Trust Fund Contribution	Added 1	
Zip	Country		Zip	Country	/	8. This corporation owes the current year Inter-	angible	
24	25	29	30	)		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Regis	tered Agent			10. Name and Address of New Registered	Agent	
DDFA	THOS HALL LEGAL & SINIANCIA	CEDI	NOTO:	81	Name			[
PRENTICE HALL LEGAL & FINANCIAL SERVICES				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1201 HAYS ST.				L				
IALL	AHASSEE FL 32301			83	1			. [
				84	City		85 Zip (	Code
					1	<u> </u>		
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 ager		7,7		nt signature requir	ired when reinstating) DATE	ID DIDECTO	NDC IN 12
12.	OFFICERS AN	D DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	CV DOLLOE II		☐ DELETE	1.1 TITLE	İ		change	
NAME	BLOCK, BRUCE H	en.		1.2 NAME				
STREET ADDRESS	154 WEST HUBBARD, SUITE 2	<b>3</b> U			TADDRESS			
CITY-ST-ZIP	CHICAGO IL 60610		DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP		Change	Addition
TITLE	CS DOCC DOPERT C		□ perese			·	- Ourwige	
NAME	ROSS, ROBERT S	En		2.2 NAME	+ DODE-00			
STREET ADDRESS	154 WEST HUBBARD, SUITE 2	υŪ	. 4		TADDRESS			- (
CITY-ST-ZiP	CHICAGO IL 60610  DP		DELETE	2. 4 CITY- 3.1 TITLE	S1-ZIP	-	Change	Addition
NAME .	GOLDFINE, ROBERT S		_ 5212.2	3.2 NAME				
STREET ADORESS	154 WEST HUBBARD, SUITE 2	50			TADORESS			
1	CHICAGO IL 60610	<b>+</b> 0		3.4. CITY-				
CITY-ST-ZIP	STRANGO IL GUOTO		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-5	l l			
TITLE	1.1.		☐ DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP			
TITLE			☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME				6.2 NAME	-			
STREET ADDRESS				6.3 STREE	T ADDRESS			
CITY-ST-ZIP				6.4 CITY-S	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 a land other like empowered.

SIGNATURE: