SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500001125 (2)

Principal Plac	e of Business	Mailing Address 200 E. RANDOLPH DRIVE						
45TH FLOOR CHICAGO IL 60601		45TH FLOOR CHICAGO IL 60601			DO NOT WRIT	TE IN THIS S	SPACE	
US	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	US		3. Date	e Incorporated or Qualified	3a. Da	ale of Last F	leporl
				03/	09/1995	03/	27/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FE	Number			oplied For
21		26		36	6-3925903		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		h -	tificate of Status Desired	П		Additional
22		27						equired
City & Stat	е	City & State			tion Campaign Financing	_		May Be
23		28	· -		st Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip	Country	<u>.</u>	corporation owes or has p	p-		
24	9. Name and Address of Curr	29	30		sonal Property Tax due Jur ne and Address of New R		<u>7</u>	No No
		ent negistered Agent	81 Name		ile and Address of New H	redisteren i	w Deut	
	CORPORATION SYSTEM		I Ivaline	, 				
	S. PINE ISLAND RD.		82 Stree	t Address (P.O. E	Box Number is Not Accepta	able)		
PLA	NTATION FL 33324		83					
			83					
			84 City			F*1	85 Zip	Code
						FL		
 Pursuant office or r 	to the provisions of Sections 607.0 egisterod agent, or both, in the Sta	502 and 607.1508, Florida Statute of Florida. Such change was	ites, the above-name authorized by the co	d corporation sub rporation's board	omits this statement for the fortine of directors. I hereby according to the control of the cont	purpose of ept the app	f changing i ointment as	ts registerea registered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.03 egisterod agent, or both, in the Stam familiar with, and accept the oblined to the section of the sectio	igations of, Section 607.0505, F	ates, the above-name, authorized by the co lorida Statutes.			purpose of ept the app	f changing i	registered registered
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I do hereby certify that the information supplied with this filling does not qualify to the evention indicated on this annual report or supplemental annual report is frue 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: William & Miller Control

H22/97

(312)782-5800

FILED

Aug 04 1997 8:00am

Secretary of State