

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002044 (4)

1. Corporation Name

HTF MANAGERS, INC.



Principal Place of Business

900 N. MICHIGAN AVE.
CHICAGO IL 60611-1575

Mailing Address

900 N. MICHIGAN AVE.
CHICAGO IL 60611-1575

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FFI Number

APPLIED FOR 65-0587402

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

(NEED Registered Agent Signature (typed or printed name and title))

DATE

12. OFFICERS AND DIRECTORS

TITLE

DC

☐ DELETE

NAME

NICKELE, GARY
900 N. MICHIGAN AVE.
CHICAGO IL 60611

STREET ADDRESS

CITY-ST-ZIP

TITLE

P

☐ DELETE

NAME

MOTTA, JAMES
7900 GLADES RD.
BOCA RATON FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

☐ DELETE

NAME

LOVELETTE, STEPHEN A
900 NORTH MICHIGAN AVENUE
CHICAGO IL

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

☐ DELETE

NAME

YATES, KEVIN B
900 NORTH MICHIGAN AVENUE
CHICAGO IL

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

KOSEN, HOWARD
900 NORTH MICHIGAN AVENUE
CHICAGO IL

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

Nickele, Gary

900 N. Michigan Ave.
Chicago, IL 60611

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 registered agent 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 attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin B. Yates, Secretary

3/14/96

312-915-1936

Daytime Phone

CR2E034 (12/95)