## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000002858 (7)

FLORIDA MERRITT ISLAND BUILDING CORP.

Principal Place of Business Mailing Address 4TH FLOOR 1900 N. AUSTIN 4TH FLOOR 1900 N. AUSTIN CHICAGO IL 80639 CHICAGO IL 60639 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1995 10/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-4029435 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 Horida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 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 (NOT) Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPST DELETE \_\_\_ Change Addition TITLE 1.1 TITLE ARENSON, RODNEY E NAME 1.2 NAME 4TH FLOOR 1900 N. AUSTIN STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL 60639 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 217011 ARENSON, PETER T NAME 2.2 NAME 4TH FLOOR 1900 N. AUSTIN

DELETE Change Addition TITLE 6.1 TITLE NAME **6.2 NAME** STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - \$1 - 712

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 offect as if made under eath, that I am an officer or director of the corporation or the receiver or trustice 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:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

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Jun 03 1997 8:00am

Secretary of State