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

CORPORATION ANNUAL REPORT

1998



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 CHICAGO IL 60639	4TH FLOOR 1900 N. AUST CHICAGO IL 60639	ΠN		
GRICAGO IL 60639	CHICAGO IL 60639		DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified	THE STREET
			06/13/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		36-4029435	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · ·		AO 75
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State -		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24 25		80	Personal Property Tax due June	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
C T CORPORATION SYSTEM		81 Name	•	
1200 SOUTH PINE ISLAND ROAD		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
PLANTATION FL 33324			,	,
		83		
		84 City		85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the p	urpose of changing its registered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	ion's board of directors. I hereby accep	it the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered ager		Registered Agent signature require		DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE DPST	☐ DELETE	1.1 TITLE		Change Addition
NAME ARENSON, RODNEY E		1.2 NAME		
STREET ADDRESS 4TH FLOOR 1900 N. AUSTIN		1.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL 60639		1.4 CITY-ST-ZIP		
TIPLE VP	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME ARENSON, PETER T		2.2 NAME		
STREET ADDRESS 4TH FLOOR 1900 N. AUSTIN		2.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL 60639		2. 4 CITY-ST-ZIP		
TITLE - VP	☐ DELETE	3.1 TITLE		Change Addition
ARENSON, LOIS		3.2 NAME		,
STREET ADDRESS 4TH FLOOR 1900 N. AUSTIN		3.3 STREET ADDRESS		
CHICAGO IL 60639	[] 55. 55	3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		İ
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied wit	h this filing does not qualify for t	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I f	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 an address.

**FILED** 

Feb 05 1998 8:00am

Secretary of State

CR2E034 (10/97)