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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90129 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004429

1. Corporation Name
CMD REIM II, INC.

Principal Place of Business
**227 WEST MONROE
STE 3900
CHICAGO IL 60606**

Mailing Address
**227 WEST MONROE
STE 3900
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1995

4. FEI Number

36-4019393

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KILGALLON, PAUL J
% CMD REALTY INVESTORS, INC.
3265 MERIDAN PARKWAY, SUITE 100
FT. LAUDERDALE FL 33331**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

c/o CMD Realty Investors, Inc.

83

899 West Cypress Creek Road, Suite 109

84 City

Ft. Lauderdale

FL

85 Zip Code

33309-2046

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLENBOGEN, STEVEN W	
STREET ADDRESS	227 W. MONROE, STE 3900	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHALLER, RICHARD G	
STREET ADDRESS	227 W. MONROE, STE 3900	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SELIG, RANDAL J	
STREET ADDRESS	227 W. MONROE, STE 3900	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BROSNAN, PETER G	
STREET ADDRESS	227 W. MONROE, STE 3900	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KILGALLON, PAUL	
STREET ADDRESS	899 W CYPRESS CREEK ROAD #109	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	HEJNA, DAVID T	
STREET ADDRESS	227 W MONROE STREET #3900	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 an address with all other like empowered.

SIGNATURE:

Randal J. Selig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/99
Date

(312) 726-3121
Daytime Phone #

CR2E034 (11/98)

0528996