


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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001551 (8)**

1. Corporation Name

**FIRST ENTERPRISE FINANCIAL GROUP, INC.**



Principal Place of Business <b>500 DAVIS ST #1005 EVANSTON IL 60201</b>	Mailing Address <b>500 DAVIS ST #1005 EVANSTON IL 60201-4843</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/22/1996</b>	3a. Date of Last Report
				4. FEI Number <b>36-3688499</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>DVST</b>	<b>STINNEFORD, PAUL A</b>	<b>500 DAVIS ST #1005 EVANSTON IL 60201</b>				
	<b>DCPS</b>	<b>HARRINGTON, MICHAEL P</b>	<b>500 DAVIS ST #1005 EVANSTON IL 60201</b>				
	<b>DVST</b>	<b>HARKER, ROBERT J</b>	<b>500 DAVIS ST #1005 EVANSTON IL 60201</b>				
	<b>CFOT</b>	<b>ERFERT, JAN W</b>	<b>500 DAVIS ST #1005 EVANSTON IL 60201</b>				
	<b>S</b>	<b>ERFERT, JAN W</b>	<b>500 DAVIS ST #1005 EVANSTON IL 60201</b>				

14. I do 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.

SIGNATURE: *Jan W. Erfert* **SIGNATURE REQUIRED**

4/30/97

847/866-8665