

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002254 (8)
 1. Corporation Name
DIMUCCI DEVELOPMENT CORPORATION OF PONCE INLET, TOWERS VII



Principal Place of Business 100 W. DUNDEE RD. PALATINE IL 60067	Mailing Address 100 W. DUNDEE RD. PALATINE IL 60067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number APPLIED FOR 36-4080294	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMUCCI, SALVATORE J	1.2 NAME	
STREET ADDRESS	100 W. DUNDEE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATINE IL 60067	1.4 CITY-ST-ZIP	
TITLE	VTDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMUCCI, ANTHONY P	2.2 NAME	
STREET ADDRESS	100 W. DUNDEE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATINE IL 60067	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEDERMAN, JERRY H	3.2 NAME	
STREET ADDRESS	2 N. LA SALLE ST., #2200	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60602	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (10/97)