

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

**FILED**

**Feb 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000004924 (4)**  
1. Corporation Name  
**SHELL DEVELOPMENT CORPORATION - VACATION CLUB**



Principal Place of Business: **40 SKOKIE BLVD., STE 350  
NORTHBROOK IL 60062**  
Mailing Address: **40 SKOKIE BLVD., STE 350  
NORTHBROOK IL 60062-1616**

3. Date Incorporated or Qualified: **09/25/1996**      3a. Date of Last Report  
4. FEI Number: **36-411128**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**LEXIS DOCUMENT SERVICES INC  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
**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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNYDERMAN, PERRY J	
STREET ADDRESS	203 N LASALLE STREET, STE 1800	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, CRAIG J	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLICKSTEIN, DANIEL B	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COAN, BRIAN J	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GINSBURG, SHELDON H	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARKOT, CHARLES J	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	
CITY-ST-ZIP	NORTHBROOK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian Coan*      **BRIAN COAN, Treasurer**      1/27/97      847-574-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)