

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

36-411128

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

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

24 Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES INC  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311

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

(Signature of officer, director, or registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN COAN, Treasurer

Date

1/27/97

Daytime Phone #

847-574-1600

CR2E034 (9/96)