

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

FILED
May 13 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 # 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-4111128	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
		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, typed or printed name of 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	1.1 TITLE	V
NAME	SNYDERMAN, PERRY J	1.2 NAME	KRISTOL, IRA S.
STREET ADDRESS	203 N LASALLE STREET, STE 1800	1.3 STREET ADDRESS	40 SKOKIE BLVD.; STE. 350
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	V	2.1 TITLE	AS
NAME	GOLDSTEIN, CRAIG J	2.2 NAME	LEVY, PETER A.
STREET ADDRESS	40 SKOKIE BLVD., STE 350	2.3 STREET ADDRESS	203 N. LASALLE STREET, STE. 1800
CITY-ST-ZIP	NORTHBROOK IL	2.4 CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	S	3.1 TITLE	
NAME	GLICKSTEIN, DANIEL B	3.2 NAME	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	COAN, BRIAN J	4.2 NAME	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	GINSBURG, SHELDON H	5.2 NAME	
STREET ADDRESS	40 SKOKIE BLVD., STE 350	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	BARKOT, CHARLES J	6.2 NAME	BURKOT, CHARLES J.
STREET ADDRESS	40 SKOKIE BLVD., STE 350	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	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: X

4-8-98
(217)
564-4600

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