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

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97

1. Corporation Name
FIRST LOFT CORPORATION F9700002481 (6)

Principal Place	e of Business	Mailing Addre	ss		
180 N. LASALLE ST. CHICAGO IL 60801 180 N. LASALLE ST. CHICAGO IL 60801					
			60601		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/09/1997
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	6		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Ζ(p)	3(Country	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agen		1	10. Name and Address of New Registered Agent
_OR	RT GRAND NATIONAL DR., #1 LANDU FL 32819			83 6 ×	A FLOOK (P.O. Box Number is Not Agceptable) A FLOOK (and o, FL 85 Zip Code 3280)
agent. La: SIGNATURE	m familiar with, and accept the ob	igations of, Section 60	17.0505, Floric	da Statutes.	progration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	Signature typed or printed name of registered	agent and title it replicable	(NOTE R	legistored Agent signature rec	
12.	PSTO		DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	KUHN, CAMERON	LI	DECEM	1.2 NAME	Change Landing
STREET ADDRESS	7121 GRAND NATIONAL DI	R., #101		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819			1.4 CITY - ST - ZIP	
TITLE			DELETE	2.1 TITLE	Change Addition
NAME				2.2 NAME	
STREET ADDRESS			i	2.3 STREET ADDRESS	
CITY-ST-ZIP				2. 4 CITY-ST-ZIP	
TITLE			DELETE	3.1 TITLE	Change Addition
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				34 CITY-ST-ZIP	
TITLE			DELET E	4.1 TITLE	Change Addition
NAME				4. I NAME	
STREET ADDRESS				4,3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY - ST - ZIP	
TITLE			DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME				5.2 NAME	1

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 of 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 conforation or the receiver or testee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 it arranged, or on an attackprish had address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

***150.00

8000002517538 -05/08/98--01101--016

FILED

May 06 1998 8:00am

Secretary of State