

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90124 037 ***150.00

DOCUMENT # **F98000005065**

1. Corporation Name

OCEAN DEVELOPMENT CO. OF ILLINOIS

Principal Place of Business

% P. STRINGER/AMERICAN CLASSIC VOYAGES CO.
2 N. RIVERSIDE, SUITE 200
CHICAGO IL 60606

Mailing Address

% P. STRINGER/AMERICAN CLASSIC VOYAGES CO.
2 N. RIVERSIDE, SUITE 200
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

36-4243198

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1428 Brickell Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5th Fl.

27

City & State

City & State

23 Miami, Florida

28

Zip

Country

24 33131-3411 **25** USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 33301

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, 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** ☐ DELETE

NAME **RUSTEN, JON**

STREET ADDRESS **1210 103RD STREET**

CITY-ST-ZIP **BAY HARBOUR ISLANDS FL 33154**

TITLE **EVS** ☐ DELETE

NAME **ALLEN, JORDAN B**

STREET ADDRESS **1464 CAVELL**

CITY-ST-ZIP **HIGHLAND PARK IL 60035**

TITLE **AS** ☐ DELETE

NAME **STRINGER, PAM**

STREET ADDRESS **1010 S. MAPLE**

CITY-ST-ZIP **OAK PARK IL 60304**

TITLE **T** ☐ DELETE

NAME **RAU, JOHN**

STREET ADDRESS **3151 N. LINCOLN AVE., UNIT 306**

CITY-ST-ZIP **CHICAGO IL 60657**

TITLE **C** ☐ DELETE

NAME **CALIAN, PHILIP C**

STREET ADDRESS **500 W. BARRY**

CITY-ST-ZIP **CHICAGO IL 60657**

TITLE **D** ☐ DELETE

NAME **ALLEN, TODD**

STREET ADDRESS **1118 FOREST AVE.**

CITY-ST-ZIP **WILMETTE IL 60091**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/28/99

312/466-6204

Date

Daytime Phone #

CR2E034 (11/98)