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**

DOCUMENT # F98000005942 1. Corporation Name

CCR WEST PALM INCORPORATED

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90009 001 ***158.75



Principal Plac	ce of Business	Mailing Address					1881	
10 S. LASALLE ST., 37TH FL CHICAGO IL 60603 CHICAGO IL 60603 CHICAGO IL 60603			. 37TH FL			DO NOT WRITE IN THIS SPACE		
	and the state of t					-3. Date incorporated or Qualified 10/26/1998		
2. Principal Place of Business 2a. Mailing Address								
─ 1 '		5			4. FEI Number APPLIED FOR 74-2897951 Not Applied F.			
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Suite Ant # 6	Suite, Apt. #, etc.			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
22 27		<u> </u>	Apr. #, 610.			5. Certificate of Status Desired Fee Required	aı	
			City & State				-	
<u>├</u>		28	¬ ' ,			6. Election Campaign Financing Trust Fund Contribution S5.00 May Br	•	
Zip			Co	untry		8. This corporation owes the current year intangible	_	
24	25 29 30		·		Personal Property Tax. Yes No			
	9. Name and Address of Currer			T		10. Name and Address of New Registered Agent		
				81	Name			
	RPORATION SERVICE COMPANY				- · · · · ·			
1201 HAYS STREET				82	Street Addre	address (P.O. Box Number is Not Acceptable)		
TALI	LAHASSEE FL 32301-2525			83				
			, ,					
		•		84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	12 and 607 1508 Florida	Statutes the	above	-named corn	oration submits this statement for the purpose of changing its registe	red	
office or	registered agent, or both, in the State	of Florida. Such change	was authorize	d by	the corporation	on's board of directors. I hereby accept the appointment as registered		
agent. i a	am familiar with, and accept the obliga	itions of, Section 607.05	оз, гюпаа эта	tutes			ļ	
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable	(NOTE: Registere	d Acen	t signature required	d when reinstating) DATE	-	
12.		D DIRECTORS	13.	<u> </u>	- Signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	PD	☐ DEL					dition	
NAME	CONROE, MARK G		1.2 N	AME			.	
STREET ADDRESS	40 O LAGALLE OF OTTLE				ADDRESS			
CITY-ST-ZIP	CHICAGO IL		1	ITY-S1	[
TITLE	mo-	☐ DEL				☐ Change ☐ A	dition	
NAME	BRUMBERG, LEONARD		1	AME			}	
STREET ADDRESS	40.01404115.07.0771151				ADDRESS	•		
CITY-ST-ZIP	CHICAGO IL			CITY-S			- (
TITLE	V	[] DEL			1-217	☐ Change ☐ A	ddition	
NAME	WOLF, JOHN	عدد ي	3.2 N					
STREET ADDRESS	40 O LAGALLE OF OTTLE				ADDRESS			
CITY-ST-ZIP	CHICAGO IL				- 1		1	
TITLE	ST	□ DEL		<u>ЖҮ-S)</u> ПТ F	1748	. Change A	dition	
NAME	ANDERSON, SIGURD J	عادي		IAME				
	AN OLADALE OF OTRICE				ADDRESS		~~ {	
STREET ADDRESS	CHICAGO IL						- 1	
CITY-ST-ZIP TITLE	V	DEL		TY-ST	·ZIP	☐ Change ☐ A	dition	
NAME	STEFAN, MARK	_ 021	5.1 N			, Tamaide □ v		
			1 "		ADDRESS		ļ	
	1 214 GRANT AVE STE 225		538	TREET		•	ì	
STREET ADDRESS							Í	
CITY-ST-ZIP	SAN FRANCISCO CA	Mon	5.4 0	ITY-ST		, Change Ci A	Idition	
CITY-ST-ZIP	SAN FRANCISCO CA	∑ O EL	5.4 C ETE 6.1 T	ITY-ST			Idition	
CITY-ST-ZIP	SAN FRANCISCO CA V MACINTISH, NANCY R		5.4 C ETE 6.1 T 6.2 N	ITY-ST ITLE AME			1dition	

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: