

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G19045 (5)**
1. Corporation Name
SHELDON GOOD & COMPANY, INC.



Principal Place of Business: **1881 NE 26TH STREET, 8751 WEST BROWARD BLVD., WILTON MANORS FL 33305 US**
Mailing Address: **1881 NE 26TH STREET, 8751 WEST BROWARD BLVD., WILTON MANORS FL 33305 US**

3. Date Incorporated or Qualified: **01/17/1983**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2289051**
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

2. Principal Place of Business: **333 W. Wacker Drive, Suite, Apt. #, etc: 450, City & State: Chicago, IL, Zip: 60606, Country: U.S.A.**
2a. Mailing Address: **333 W. Wacker Drive, Suite, Apt. #, etc: 450, City & State: Chicago, IL, Zip: 60606, Country: U.S.A.**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent: **FL, 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 the principal place of business or registered agent and the applicable officer, registered agent, secretary, or treasurer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	P/S/D
NAME	GOOD, STEVEN L	12 NAME	
STREET ADDRESS	333 WEST WACKER DRIVE, SUITE 450	13 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	14 CITY - ST - ZIP	
TITLE	CD	21 TITLE	C/T/D
NAME	GOOD, SHELDON F	22 NAME	
STREET ADDRESS	333 WEST WACKER DRIVE, SUITE 450	23 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	24 CITY - ST - ZIP	
TITLE	VP	31 TITLE	V
NAME	FINE, MICHAEL A	32 NAME	
STREET ADDRESS	333 WEST WACKER DRIVE, SUITE 450	33 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	34 CITY - ST - ZIP	
TITLE	V	41 TITLE	
NAME	WHITEMAN, MICHAEL	42 NAME	
STREET ADDRESS	333 WEST WACKER DRIVE, SUITE 450	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 312-346-1500

CR2E034 (3/96)