

1-11-97 B-0211 C

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

FILED

Jan 17 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J68994

(9)

1. Corporation Name:

N. W. REALTY OF FLORIDA, INC.

Principal Place of Business:

501 COLUMBINE LANE
WEST CHICAGO, IL 60185
US
IL

Mailing Address:

501 COLUMBINE LANE
WEST CHICAGO, IL
WEST CHICAGO IL 60185-5131
US

3. Date Incorporated or Qualified

04/23/1987

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2802827

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business:

501 COLUMBINE LANE

Suite, Apt. #, etc.

22 City & State

WEST CHICAGO IL

23 Zip

60185

Country

USA

2a. Mailing Address:

Suite, Apt. #, etc.

27 City & State

City & State

City & State

28 Zip

Zip

Country

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
2ND FLOOR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE P
NAME HANSON, CHARLES R., SR.
STREET ADDRESS 501 COLUMBINE LANE
CITY-STATE-ZIP WEST CHICAGO IL2. TITLE ST
NAME HANSON, MARIAN B
STREET ADDRESS 501 COLUMBINE LANE
CITY-STATE-ZIP WEST CHICAGO IL3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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: C. HANSON C. HANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-97 630-231-9938

CR2E034 (9/96)