

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90281 034 ***150.00

DOCUMENT # J73864

1. Corporation Name

Arvida Contractors, Inc. ✓

Principal Place of Business

900 N. Michigan Ave.
Chicago, IL 60611-1575

Mailing Address

900 N. Michigan Ave.
Chicago, IL 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1987

4. FEI Number

65-0011834

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 Director ☐ DELETE
NAME Nickele, Gary
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago, IL 60611

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE President ☐ DELETE
NAME Motta, James D.
STREET ADDRESS 7900 Glades Road
CITY-ST-ZIP Boca Raton, FL 33434

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Vice President ☐ DELETE
NAME Lassman, Mark D.
STREET ADDRESS 7900 Glades Road
CITY-ST-ZIP Boca Raton, FL 33434

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE
NAME Lovelette, Stephen A.
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago, IL 60611

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE
NAME Nielsen, Paul C.
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago, IL 60611

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Assistant Secretary ☐ DELETE
NAME O'Mahoney, Karen M.
STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP Chicago, IL 60611

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Karen M. O'Mahoney

Karen M. O'Mahoney

04/19/1999

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)