

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

THE UNIVERSITY OF CHICAGO

Mailing Address

5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484-6422
US

3a. Date of Last Report
05/01/1996

2a. Mailing Address

26	Suite, Apt. #, etc.
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City & State

Zip	Country
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4.	FEI Number	65-0082250
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\$8.75 Additional
Fee Required

**\$5.00 May Be
Added to Fees**

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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B3

84	City
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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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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, of said attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pa's

Daytime Phone #

CR2E034 (9/96)