FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # 1. Corporation Name K83264 TWENTY SIXTH STREET VENTURE, INC. Principal Place of Business Mailing Address 2 S. UNIVERSITY OR 2 S. UNIVERSITY DR. SUITE 828 **SUITE 328** PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1989 Principal Place of Business Applied For 65-0117671 UNIVENSIT Not Applicable \$8.75 Additional 5. Certificate of Status Desired **レレ**2 Fee Regulred 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip 3 Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 29 30 Personal Property Tax due June 30. 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi Name ORVIETO, BRAD 2. SOUTH UNIVERSITY DRIVE, SUITE 328 Street Address (P.O. Box Number is Not Acceptable) **B2** 83 PLANTATION FL 33324 Zip Code 11. Pursuant to the provisions of Sections 60, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) HS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition ORVIETO, BRAD NAME 1.2 NAME **25 UNIVERSITY DRIVE 328** STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE VAN ZELST, THEODORE W NAME 2.2 NAME 1213 WAGNER ROAD STREET ADDRESS 2.3 STREET ADDRESS **GLENVIEW IL 60025** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 suppliemental annual diport 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 thistee 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.