

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K87056

(3)

1. Corporation Name

BOJER REALTY/WTL. CORP.

Principal Place of Business

**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

Mailing Address

**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1989

3a. Date of Last Report

04/04/1994

4. FEI Number

36-3646588

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1200 S. Pine Island

Suite, Apt. #, etc.

22

City & State

23 Plantation FL

Zip

24 33324

Country

2a. Mailing Address

26 1200 S. Pine Island

Suite, Apt. #, etc.

27

City & State

28 Plantation FL

Zip

29 33324

Country

30

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

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 if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	REINSDOFF, JERRY M.
STREET ADDRESS	980 N. MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	VSD
NAME	JUELSON, ROBERT A.
STREET ADDRESS	980 N. MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	AS
NAME	PENNER, GERALD M.
STREET ADDRESS	525 W. MONROE STREET
CITY - ST - ZIP	CHICAGO IL
TITLE	AS
NAME	CHANESS, LARRY
STREET ADDRESS	980 N MICHIGAN AVE
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or as an addition, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Chaneess, Assistant Secretary

3/31/95

Date

312 440 1122

System/Trans #