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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business 633 SKOKIE BLVD

SIGNATURE:

SUITE 602 NORTHBROOK IL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Commen	un Namun		101	-
 Corporate 	JE NAMES			

(3)

winston Trails Develop-

633 SKOKIE BLVD SUITE 802

NORTHBROOK IL 80082-2858

FILED May 07 1997 8:00am Secretary of State



3a. Date of Last Report

0481474

3. Date Incorporated or Qualified

						05/10/1989	05	3/01/1996	•		
2. Fri	ncipal Place of Business	2a. Mailing Address	*************	·		4. FEI Number			plied For		
21 . 26		26			36-3646588		Not	Applicable			
Su	ite, Apt. #r, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	ı []	\$8.75 A	dditional		
22	•	27				5. Certificate of Status Desired	اا	Fee Red	quired		
	y & State	City & State				6. Election Campaign Financir	10	\$5.00	May Be		
23	y from			Trust Fund Contribution							
Zıç	Country	Zip	Cour	itry		8. This corporation has liability	for intangib	le tax under s.	199 032.		
24	25	29	30			Florida Statutes	Yes				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	v Registered	d Agent			
CT CORPORATION SYSTEM				81 Na	ne	3					
1200 S. PINE ISLAND ROAD				62 Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)							
			į.	83							
			L								
			ſ	B4 City	,		FI	85 Zip C	ode		
11. P	ursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the ab	ove∙nan	ed corpo	oration submits this statement for	the purpose	of changing its	registered		
ot ar	fice or registered agent, or both, in the State gent. I am familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607,0505, I	s authorized Florida Statu	i by the i ites.	corporation	on's board of directors. I hereby a	ccept the ap	pointment as r	egistered		
SIGIV	ATURE. Supracine typical or printed dame of registered age.	ent and tille if applicable (No	OTE Registered	Agent sign	ature require	d when reinstating)	DATE				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN	ND DIRECTORS	3 IN 12		
11111	PTD	☐ DELETE	1,1 7(1)	LE.				Change	Addition		
NAME	REINSDORF, JERRY M.		1.2 NA	ME	ļ						
STREET	ADDRESS 633 SKOKIE BLVD SUITE 208		1.3 STR	EET ADDRE	88						
City SI	1105T1155001/ II -0000			Y-ST-ZIP	"						
Intel	VSD	DELETE	2.1 T(T)		 -			Change	Addition		
NAME	JUDELSON, ROBERT A	Last Occure	2.2 NA					2			
			- 1		}						
	LICOTHIDDOOM II AAAAA		1	REET ADDRE	SS						
CIFES		- AFCETE		IY-ST-ZIP				Channe	1 A delilio		
THE	AS	DELETE	3.1 TITI					Change	Addition		
NAME	PENNER, GERALD M.		3.2 NA	Mέ	1						
SIRBEL.	ADDRESS 525 W. MONROE STREET #10	600	3.3 SFR	EET ADDRE	ss						
CPY S!	Annual Control of the		3.4 CI	Y-ST-ZIP							
III.F	AS	☐ DELETE	4.1 (01)	LE	-			Change	Addition		
KAME	CHANESS, LARRY		4. 2 NA	ME]				1 0		
SIBEET	ADJUGUESS 633 SKOKIE BLVD SUITE 206		4.3 STF	REET ADDRE	ss			A . N	1, 5		
(. [Y+S]	NORTHBROOK IL 60062		4.4 CIT	Y - ST - ZIP				ALL VILLE	\mathcal{L}		
11111		DELETE	5.1 TITI			<u> </u>	— ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change <	Addition		
NAME			5.2 NAI	ME	ĺ			Ų	,		
	Andrei Sis			EET ADDRE	ss						
00°V - \$1				¥-ST- <i>X</i> IP							
THE	1-1"	DELETE	6.1 (1)			מרכוחחחות ביו	:2 11=	- Danne	Addition		
		L.J DECERE			1	4000021 -05/16/970	บกักฉีใ	122			
NAV:	.		6.2 NA		_	***165.00	1000 (J			
STREET	ADDRESS	1		REET ADDRE	ss	*** 100° UÑ					
Olt S	I-ZIF	/	6.4 C/T	Y-SI-ZIP		1.0.11.4.0.01.0.0.0.0.0.			L .		
14. le ir l a	do hereby certify that the information supplied formation and cated on this annual report of arman officer or director of the combination of ppears in Block 12 or Block 13 or	ra wan this illing does not qua supplemental annual report is r the receive yor bustee empor or an an attachment with an a	any for the estrue and	exemption of the courage of the cour	on stated and that i his report	my signature shall have the same as required by Chapter 607, Flor	legal effect ida Statutes;	er certify that t as if made und and that my h	ne ler oath; tha ame		