

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996-2396

4228

DOCUMENT # L48679

(9)

1. Corporation Name

CHICAGO FINANCIAL CORPORATION



Principal Place of Business

Mailing Address

1111 KANE CONCOURSE, SUITE 400
BAY HARBOR ISLANDS FL 33154

1111 KANE CONCOURSE, SUITE 400
BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified

02/05/1990

3a. Date of Last Report

08/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

SAKOWITZ, ALAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

1111 KANE CONCOURSE STE 401

City & State

City & State

23

28

BAY HARBOR ISLANDS, FL 33154

Zip

Country

Zip

Country

24

25

29

33154

30

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAKOWITZ, ALAN

1111 KANE CONCOURSE, SUITE 401

BAY HARBOR ISLANDS FL 33154

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's signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D GREENBOIM, YECHESKEL
STREET ADDRESS
1111 KANE CONCOURSE, SUITE 400
CITY-ST-ZIP
BAY HARBOR ISLANDS FL 33154

TITLE ☐ DELETE

NAME
D GREENBOIM, ESTHER
STREET ADDRESS
1111 KANE CONCOURSE, SUITE 400
CITY-ST-ZIP
BAY HARBOR ISLANDS FL 33154

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)