'FÎLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L48679

1. Corporation Name

CHICAGO FINANCIAL, CORPORATION

Principal Place of Business		Mailing Address	Mailing Address			A LORENDA BLA DOLLO DELLA DELLA BARRA DELL			
1111 KANE CONCOURSE. SUITE 400 BAY HARBOR ISLANDS FL 33154		BAY HARBOR ISLANDS FL	1111 KANE CONCOURSC SUITE 401 BAY HARBOR ISLANDS FL 33154			DO NOT WRITE IN THIS SPACE			
		US				3. Date incorporated or Qualifed			
2 Principal D	ace of Business	2a. Mailing Address				02/05/1990 4. FEI Number	\neg	۱۸۰۰	lied For
21. Fillicipal Fi	ace of business	26 Walling Address				61-0175589			lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				, _	58.7		dditional
22		27				5. Certificate of Status Desired			quired
City & State	9	City & State			THE STATE OF THE S	6. Election Campaign Financing	\$5.	00 t	May Be
23		28				Trust Fund Contribution	Add	ded to	Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current year Intang			
24	25		30			1 0.00min 1 - p = 1.9 1 - m	Yes		□No
	9. Name and Address of Curr	ent Registered Agent	8.	11	Name	10. Name and Address of New Registered Age	;nt		
SAK	OWITZ, ALAN			┵					
	KANE CONCOURSE, SUITE	401	8:	2	Street Addres	ess (P.O. Box Number is Not Acceptable)			
BAY	HARBOR ISLANDS FL 33154		8:	3					
	,		ļ_	1				7:- 0	
		•	84	4	City	FL /	35	Zip C	ode
office or re	to the provisions of Sections 607.0: egistered agent, or both, in the Sta π familiar with, and accept the obli	te of Florida. Such change was at	thorized b	y ti	the corporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	ngin ent a	g its r is reg	egistered istered
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Age	ent :	t signature required v	when reinstating) DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	D	☐ DELETE	1.1 TITLE			L.] Cha	nge	☐ Addition
NAME	GREENBOIM, YECHESKEL	LUTE AND	1.2 NAME						
STREET ADDRESS	1111 KANE CONCOURSE, S				ADDRESS				
CITY-ST-ZIP TITLE	BAY HARBOR ISLANDS FL 3	DELETE	1.4 CITY- 2.1 TITLE		-ZIP	· -] Chai	nge	☐ Addition
NAME	GREENBOIM, ESTHER		2.2 NAME						
STREET ADDRESS	1111 KANE CONCOURSE, S	UITE 400			ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 3		2. 4 CITY-						
TITLE		☐ DELETE	3.1 TITLE] Cha	nge	Addition
NAME			3.2 NAME			•			
STREET ADDRESS			3.3 STREE	ET A	ADDRESS	·			
CITY-ST-ZIP			3.4. CITY-	ST-	:-ZIP				
TITLE		☐ DELETE	4.1 TITLE			L] Chai	nge	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1		·ZIP] Char	nae	Addition
NAME			5.2 NAME		}	<u></u>		3 -	
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP			5.4 CITY-	ST-	-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Char	nge	Addition
NAME			6.2 NAME						
STREET ADDRESS	•		6.3 STREE	T A	ADDRESS				

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 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 addless, with all other like empowered.

6.4 CITY-ST-ZIP

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CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER-OX DIRECTOR

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90111 034 ***150.00