

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L68197** (7)

1. Corporation Name  
**SAILFISH DEPOSITORY CORPORATION**



Principal Place of Business: **% M. LANNING FOX 1100 S. FEDERAL HWY STUART FL 34994**  
Mailing Address: **% M. LANNING FOX 1100 S. FEDERAL HWY STUART FL 34994**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **04/25/1990**  
3a. Date of Last Report: **03/01/1995**  
4. FEI Number: **58-1920105**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**FOX, M. LANNING  
1100 S. FEDERAL HWY  
STUART FL 34994**

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 607.0902 and 607.1504, 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 607.0902, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: <b>DP O'NEIL, DANIEL E., III</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>10 S. WACKER DR., STE 2035</b>		1.2 NAME	
CITY, ST, ZIP: <b>CHICAGO IL</b>		1.3 STREET ADDRESS	
NAME: <b>D O'NEIL, JEANNE M.</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>10 S. WACKER DR., STE 2035</b>		2.2 NAME	
CITY, ST, ZIP: <b>CHICAGO IL</b>		2.3 STREET ADDRESS	
NAME: _____	<input type="checkbox"/> DELETE	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP: _____		3.2 NAME	
NAME: _____	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS: _____		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP: _____		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS: _____		4.3 STREET ADDRESS	
CITY, ST, ZIP: _____		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		5.2 NAME	
CITY, ST, ZIP: _____		5.3 STREET ADDRESS	
NAME: _____	<input type="checkbox"/> DELETE	5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP: _____		6.2 NAME	
NAME: _____	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS: _____		6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit.

SIGNATURE: *Daniel E. O'Neil III* 1/22/96 312-930-1450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DANIEL E. O'NEIL III**

CR2E034 (12/95)