## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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	1996	DIVISION OF	CORPOR	AHONS				
DOCUI	MENT # N4065	5 (5)	•	,,, <u>, , , , , , , , , , , , , , , , , </u>				
boipoidiloi	IVER CENTER MAINTENAN	ICE ASSOCIATION IN	r					
14544 11	THE TOURS IN MINIMICALINA	OL AGGOGIATION, IN			1 100 (1) (0)   0)   0   0   0   0   0   0   0   0		i Bhair Tuair	B1311 B1811 1861
Original Disco	of D. sinose	h de la companya de l						
Principal Place of Business Mailing Address								
		C/O TRIBUNE PROPER 435 N MIHIGAN AVE 12						
CHICAGO IL (	60611-1041	CHICAGO IL 60611-104	1		3. Date Incorporated or Qualified	32 Do	te of Last	Poport
					11/05/1990	Sa. Dal	2/14/19	395
Principal Place of Business     2a. Mailing Address		<u> </u>			4. FEI Number			Applied For
Suite, Apt.	+ ola	26			65-0245621		<del></del>	Not Applicable
22	#, etc.	Surte, Apt. #, etc.			5. Certificate of Status Desired		<b>+</b>	Additional Required
City & State	3	City & State			6. Election Campaign Financing			O May Be
23		28			Trust Fund Contribution			d to Fees
Ζιρ <b>24</b>	Country 25	Zip	Cou	ntry	This corporation has liability for in			199.032,
[4]	9. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes  10. Name and Address of New R	Yes []		
• ****		<u> </u>		81 Name				
CT CORI	PORATION SYSTEM		-	82 Street	t Address (P.O. Box Number is Not Acceptab	le)		
	PINE ISLAND ROAD						<del></del>	
PLANTAT	TION FL 33324			83				
				84 City			85 Zig	Code
11. Pursuant t	to the provisions of Sections 617 0503	2 and 617 1508. Florida Statut	es the abo	ve-named r	corporation submits this statement for the purp	FL	nging its r	onistored office
or register	red agent, or both, in the State of Flori tn, and accept the obligations of, Sec	da. Such change was authoriz	ed by the c	orporation's	s board of directors. I hereby accept the appo	sintment as r	egistered	agent. I am
SIGNATURE	in and accept the congenions of sec	non orribados, ribrida Statoles	٠.					
	Signature, typed or printed name of registered agor			Agerit signature	required when reinstating:	DATE		
12.	OFFICERS AN	D DIRECTORS  DELETE	13. 1.1 Til		ADDITIONS/CHANGES TO OFFI		OIRECTO    Change	Fish If √ 12
NAME	LYON, WILLIAM R	A COLLEGE	1.7 NA		Mana Hadacina	_	1 change	Addition
STREET ADDRESS	435 N MICHIGAN AVE			REET ADDRESS	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ł		
C(TY-S1-ZIP	CHICAGO IL		1.4 CI	Y-SI-ZIP	Chicago Il			
TITLE	AST	DELETE	2 1 TII	LE	D	L	Change	Addition
NAME	CHAVEZ, ROBERT M.		2 2 NA	ME				ļ
STREET ADDRESS	200 E.LAS OLAS BLVD,11FL FT. LAUDERDALE FL			REFT ADDRESS				
CITY-ST-ZIP TITLE	VD VD	<b>₩</b> nci etc		TY-ST-ZIP	1.78		70	BETT NAME
NAME	FRIEDMAN, RICHARD B.	DELÉTE	3 1 TH 3 2 NA		ND Al Gramzinski	L	Change	Addition
STREET ADDRESS	435 N. MICHIGAN AVE.				435 n. Michigan Ave			
CITY - ST - ZIP	CHICAGO IL		34 D	TY-ST-ZIP	Chicago IL			
TOTLE	\$	DECETE	4 1 TI		J		Change	Addition
NAME	STANLEY, GRADOWSKI J, JR		4 2 N	AME				
STREET ADDRESS	435 N MICHIGAN AVE		4 3 ST	REFT ADDRESS				ļ
CITY - S* - ZiP	CHICAGO IL	[]nr. rrc		Y-ST-ZIP	ļ.,		70	
TITLE		DELETE	5 1 TIT		×1.60:	L	Change	Addition
NAME STREET ADDRESS			52 NA	me Reet address	John F. Quin 435 M. Michigan Ave			
CITY-ST-ZIP				Y - ST - ZIP	Chicago T/			
TITLE		DELETE	61 TIT	•	Chicago IL		Change	Addition
NAME			6.2 NA			_	•	_
STREET ADDRESS			6 3 ST	REET ADDRESS				
C-TY-ST-ZIP			6 4 01	Y - 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 on the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an autoritiment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 Wed 11 00 AH
Dayt me Phone #

CR2E037 (12/95)