

2-27-98 B 2664 C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005394 (9)
 1. Corporation Name
10100 SANTA MONICA, INC.



Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308
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3. Date Incorporated or Qualified
10/21/1996

4. FEI Number 59-3410291	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD. SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD. SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERMITAGE BLVD. SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EDELMAN, HOWARD J	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	SMITH, ROGER E	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey L. Smith	
1.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John W. Noell	
2.3 STREET ADDRESS	1801 N. LaSalle Street	
2.4 CITY-ST-ZIP	Chicago, IL 60601	
3.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Luanne K. Good	
3.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas M. Burdi	
4.3 STREET ADDRESS	1801 N. LaSalle Street	
4.4 CITY-ST-ZIP	Chicago, IL 60601	
5.1 TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James W. Horton	
5.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas W. Bennett, Director  850-488-4406

CR2E037 (10/97)