FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1. Entity Nam	MENT# P010000672	85		, of hot is in the
	WNER OF CHICAGO, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
	DO NOT WRITI		PACE	000007168290 -08/16/0201031003 ******61.25 ******61.2
1192 6 N	Mace of Business ewport Center Drive	3. Mailing Address 1192 Newport (Center Drive	
Suite, Apt. Suite		Suite, Apt. #, etc. Suite 200		DO NOT WRITE IN THIS SPACE
City & Stat Deerf i	e eld Beach, FL	City & State Deerfield Beac	ch, FL	4. FEI Number Applied For 65-1120585 Not Applicable
Zip 33442	Country USA	Zip 33442	Country USA	5. Certificate of Status Desired Status Desired See Required
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		7. Name and Address of Current Registered Agent
	DO NOT W	Complete the State of Services of		erles S. Eckert ess (P.O. Box Number is Not Acceptable) wport Center Drive, Suite 200
8. The above	named entity submits this statement i		s registered office or reg	field Beach FL Zip Code 33442 istered agent, or both, in the State of Florida.
Tax filing r (See criter	oration is eligible to satisfy its Intangib requirement and elects to do so. ia on back)	January 1 - I After May Amende Make Check Paya	(E. Registered Agent signature re May 1. Fee is \$150.00 (1, Fee is \$550.00 d UBR is \$61.25 ble to Department of	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. TITLE	OFFICERS ANI	DURECTORS	mu .	=
NAME STREET ADDRESS CITY-ST-ZIP	DPT Scott A. Eckert 11926Newport Center Deerfield Beach, FL	Drive, Suite 200 33442	NAME Street address City-St-Zip	OCH BASK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Charles S. Eckert 1192 Newport Center Deerfield Beach, FL	Drive, Suite 200 33442	TITLE: NAME STREET ADDRESS: CITY-ST-ZIP	ag de
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tracy Eckert 1192 Newport Center Deerfield Beach, FL		NAME SIRET ADDRESS CITY-ST-ZP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE	Asst Secretary Sibyl M. Eckert 1192 E Newport Can Deerfield Beach; 1 Asst Treasurer	•	TITLE NAME STREET ADDRESS CITY: ST-ZIP	IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	PATICIA A Eckert 1192 E Newport Cer Dear Field Beach		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADORESS			TITLE NAME	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Charles S. Eckert

8/5/02

954-771-7777

Daytime Phone #