

#92-79 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # P01964 (6)

1. Corporation Name
**FOCUS OF FLORIDA, INC. d/b/a
FOCUS DEVELOPMENTS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O MICHAEL I. FREEMAN, P.C.
2 N. LASALLE ST., STE. 800
CHICAGO IL 60602**

**C/O MICHAEL I. FREEMAN, P.C.
2 N. LASALLE ST., STE. 800
CHICAGO IL 60602**



2. Principal Place of Business

2a. Mailing Address

21 2 N. LaSalle St. - #800
Suite, Apt. #, etc.

26 2 N. LaSalle St. - #800
Suite, Apt. #, etc.

22
City & State

27
City & State

23 Chicago, IL

28 Chicago, IL

24 Zip

25 Country

60602

USA

29 Zip

30 Country

60602

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
LEVITON, IRVING
250 S. WACKER DR.
CHICAGO IL 60606** ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**D
Johnson, Vance A.
250 S. Wacker Dr.
Chicago, IL 60606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
EGEBERGH, KATHLEEN F.
250 S. WACKER DR.
CHICAGO IL 60606** ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
LINDHOLM, PATRICIA
250 S. WACKER DR.
CHICAGO IL 60606** ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROOTBERG, PHILIP
250 S. WACKER DR.
CHICAGO IL 60606** ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROSS, EDWARD W.
250 S. WACKER DR.
CHICAGO IL 60606** ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ 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 address.

SIGNATURE:

Irving Leviton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96
Date

312/346-5680
Daytime Phone

CR2E034 (12/95)