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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

	ORPORATION NUAL REPORT 1996	Secret	B. Mortham ary of State  CORPORATIONS		
1. Corpora	JMENT # P03030				
L	man Florida Management	Inc.			
i .	ace of Business  LaSalle Street	Mailing Address			
		180 N. LaSall Chicago, Illi	e Street		
i			10001	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address		8/14/84	The Date of Edel Hopert
21	·	26. Walling Address		4. FEI Number 36–3322592	Applied For
Suite, Ap	<b>├</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Sta		City & State			Fee Required
<b>23</b> Zip		8		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees
21D 24	Country	Zip	Country 30	8. This corporation has liability for i	intangible tax under s. 199 032,
	9. Name and Address of Current Re		[30]	Florida Statutes Yes  10. Name and Address of New Re	□ No
0			81 Name	TO: Name and Address Of New Me	gistered Ageni
12	l Corporation System 200 South Pine Island R		82 Street Addr	ess (P.O. Box Number is Not Acceptab	do)
P1	lantation, Florida 333	.08Q 24	<u></u>	, a second to the track of the	
		24	83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 and registered agent, or both, in the State of Floring	607.1508, Florida Statuti	es, the above-named corp	oration submits this statement for the re-	FL 100 2 P COOR
agent   a	registered agent, or both, in the State of Flo am familiar with, and accept the obligations	xida. Such change was a . of. Section 607.0505. Flo	authorized by the corporation	on's board of directors. I hereby accep	I the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and i				
12.	OFFICERS AND DIR		Registered Agent signature require 13.		DATE
TIFLE	D/C	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition:
NAME	Barry Schlesinger	V	1 2 NAME		
STREET ADDRESS DITY ST-ZIP	A A O A WITTOUTTE DIAG.		1.3 STREET ADDRESS		
TITLE	Beverly Hills, CA 90	DELETE	1 4 CITY - ST - ZIP		
NAME	Roger E. Smith		2 1 TITLE 2 2 NAME		Change Addition
FIREET ADORESS	180 N. LaSalle Street		2 3 STREET ADDRESS		
OTY ST-ZIP	Chicago, IL 60601		2 4 CITY - ST - ZIP		
1*LE	} <b>D</b>	DELETE	3 1 TITLE		Change Addition
IAME	Stuart C. Katz	/	3.2 NAME		
TREE! AODRESS	180 N. LaSalle Street		3.3 STREET ADDRESS		
illi	Chicago, IL 60601	DELETE	34 CITY ST-ZIP		
AME	Terry M. Wachsner	L. Tottert	4 1 THILE 42 NAME		Change Addition
THEET AUDRESS	9601 Wilshire Blvd.	J	4 3 STREET ADDRESS	10000178	מאסים
TY-ST-71P	Beverly Hills, CA 90	210	4.4 CITY - S1 - ZIP	10000178 -04/23/960100	023
TLE	VP/S	DELETE	5 1 TITLE	***200.00	Change Addition
AME	Tony R. Zimmerman 900 N. Michigan Avento	۷	52 NAME		V
IREET ADDRESS ITY ST-ZIF	Chicago, IL 60611	<b>5</b>	5 3 STREET ADDRESS		
1LE	VP/T/AS	DELETE	5 4 CITY - ST - ZIP		<i>A</i>
AME	Joseph B. Tyson	□ btrtit	6 1 THE		Onange Of tition
HEET ADDRESS	180 N. LaSalle Street		6.2 NAME 6.3 STREET ADDRESS		4012
TV - ST - ZIP	Chicago, IL 60601		CACITY OF TIO		. J
I. I do hereb	y certify that the information supplied with the	his filing is voluntarily furn	ished and does not qualify	for the exemption stated in Section 11	19 07/3Vk) Florida Statutos (

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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR