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PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

ANTHONY PELLICA

FILED	
Feb 18 1998 8:00an	1
Secretary of State	

ANII	JNY BELLUSCHI AHCH	HIEGIS, LID. II	VC.							
Principal Plac	ce of Business	Mailing A	Address				- 1 10011091 (10 11010 11011 00110 91100 11			I B (011 100)
55 WEST MO	ONROE STREET	55 WES	T MONROE STR	EET						
SUITE 200	00000	SUITE 2						-		
CHICAGO IL 60803 CHICAGO IL 60803							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 12/09/1988			
⊢ — `	Place of Business	2e. Mailir	ig Address				4. FEI Number		Ap	plied For
21		26					36-3598454			t Applicable
Suite, Apt	#, etc.	h	, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & Stat	to	27	3 State						Fee Re	
23	te .		a State				6. Election Campaign Financing		\$5.00	
Zip	Country	28 Z _D		Col	untry		Trust Fund Contribution		Added t	
24	25	29		30	zi iti y		This corporation owes or has participated Property Tax due June	_		angible No
	9. Name and Address of		Agent	[30]	I		10. Name and Address of New Re			- NO
BE	EAME, LAWRENCE		· · · · · · · · · · · · · · · · · · ·		81	Name				
	6 ALHAMBRA CIRCLE									
	JITE J				82	Street Addre	iss (P.O. Box Number is Not Acceptat	ole)		
	ORAL GABLES FL 33134				83					· · · · · · · · · · · · · · · · · · ·
					84	City		FL	85 Zip (Code
11. Pursuant office or agent 1 a	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.150 e State of Florida Suc e obligations of, Secti	on 607.0505, FI	lorida Sta	tutes	i.	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of pt the app	f changing its ointment as	registered registered
	Signature, typed or printed name of regis			_	d Age	nt signature required		DATE		
12.	PST OFFICE	RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	BELLUSCHI, ANTHONY		DELETE	1.1 11					Change	Addition
NAME	55 WEST MONROE ST.			1.2 N						
STREET ADDRESS	CHICAGO IL	, #200				ADDRESS				
CITY-\$1-ZIP TITLE	D		DELETE	1.4 C	(TY-S1	T- ZIP				
NAME	BELLUSCHI, ANTHONY			24.71	71.5				Change	Addition
STREET ADDRESS				2.1 TI		İ	7 X+		Change	Addition
STREET ROUTESS	55 WEST MONROF ST			2.2 N	AME	ADDDC40	***		Change	Addition
PITY CT 210	55 WEST MONROE ST.			2.2 NJ 2.3 ST	AME TREET	ADDRESS	* \(\frac{1}{2}\)		Change	Addition
CITY-ST-ZIP TITLE	55 WEST MONROE ST. CHICAGO IL			2.2 N/ 2.3 S1 2.4 C	ame Treet :	· · · · · i	+ V-			
TITLE			DELETE	2.2 NJ 2.3 ST 2.4 C 3.1 TJ	AME TREET : SITY - S TLE	· · · · · i	* V		Change Change	Addition
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TITLE NAME STREET ADDRESS				2.2 N/ 2.3 S1 2.4 C 3.1 T1 3.2 N/ 3.3 S1	ame Treet : Tile Ame	ST-ZIP ADDRESS				
TITLE NAME				2.2 N/ 2.3 S1 2.4 C 3.1 T1 3.2 N/ 3.3 S1	AME TREET: TITY-S TILE AME TREET:	ST-ZIP ADDRESS		70	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ OELETE	2.2 NJ 2.3 S1 2.4 C 3.1 T4 3.2 NJ 3.3 S1 3.4 C 4.1 T1	AME TREET: THE AME TREET: TREET: THE	ST-ZIP ADDRESS	* \	7000		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ OELETE	2.2 NJ 2.3 S1 2.4 C 3.1 T1 3.2 NJ 3.3 S1 3.4 C 4.1 T1 4.2 NJ	AME TREET: SITY-S TLE TREET: SITY-S TLE JAME	ADDRESS		NA.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ OELETE	2.2 NJ 2.3 Si 2.4 C 3.1 Ti 3.2 NJ 3.3 Si 3.4 C 4.1 Ti 4.2 NJ 4.3 Si	AME TREET: STY-S THE AME STY-S THE HAME TREET:	ADDRESS ADDRESS ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ OELETE	2.2 NJ 2.3 Si 2.4 C 3.1 Ti 3.2 NJ 3.3 Si 3.4 C 4.1 Ti 4.2 NJ 4.3 Si	AME TREET: THE AME TREET: TTE TREET: THE TREET: THE TREET: THE TREET:	ADDRESS ADDRESS ADDRESS		7Add according	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	22 NJ 23 ST 2.4 C 3.1 TJ 3.2 NJ 3.3 ST 3.4 C 4.1 TJ 4.2 NJ 4.3 ST 4.4 CJ 5.1 TJ	AME TREET, SITLE AME TREET, STILE ST	ADDRESS ADDRESS ADDRESS		***************************************	Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	22 NV 23 S1 2.4 C 3.1 Ti 3.2 NV 3.3 S1 3.4 C 4.1 Ti 4.2 NV 4.3 S1 4.4 Ci 5.1 Ti 5.2 NV	TREET; TLE AME FREET; TLE TLE TLE TLE TLE TLE TLE	ADDRESS ET-ZIP ADDRESS T-ZIP			Change Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DETELE	22 NV 23 S1 2.4 C 3.1 TH 3.2 NV 3.3 S1 3.4 C 4.1 TH 4.2 NV 4.3 S1 4.4 CH 5.3 TH 5.2 NV 5.3 S1 5.4 CH 6.1 TH 6.2 NV	AME TREET; TILE AME TREET; TREET; TILE TREET;	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change Change	Addition Addition

14. I hereby cortify 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 suppliemental 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 employment of the receiver or trustee employment of the receiver of the corporation or the receiver or trustee employment of the receiver of the corporation or the receiver or trustee employment of the receiver of the corporation or the receiver or trustee employment of the receiver of the corporation of the receiver or trustee employment of the receiver of the corporation of the receiver or trustee employment of the receiver of the corporation of the receiver or trustee employment of the receiver of the corporation of the receiver or trustee employment of the receiver of the corporation of the receiver or trustee employment of the receiver of the corporation of the receiver or trustee employment of the receiver of the receiver of the corporation of the receiver or trustee employment of the receiver of the receiver or trustee employment of the receiver of the receiver of the receiver or trustee employment of the receiver of the receiver or trustee employment of the receiver of the receiver of the receiver or trustee employment of the receiver of

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