FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P22063

ANTHONY BELLUSCHI ARCHITECTS, LTD. INC.

Principal Place of Business 55 WEST MONROE STREET

Mailing Address

55 WEST MONROE STREET

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90070 026 ***150.00



CHICAGO IL 60603		CHICAGO IL 60603				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
2. Principal Place	of Puninger	2a. Mailing Address				12/09/1988 4. FEI Number		plied For	
· ·	OI DUSINESS	26. Maining Address				36-3598454	<u> </u>	t Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt.			# etc			30-3390434	\$8.75		
22	27	Suite, Apr. #, etc.			5. Certifcate of Status Desired	Fee Re			
City & State		City & State	-			6. Election Campaign Financing	\$5.00	<u> </u>	
23		28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year In			
24	25	29	30			Personal Property Tax.	Yes	□No	
	Name and Address of Curren		, 			10. Name and Address of New Registered	Agent		
				81	Name				
BEAME, LAWRENCE				82	Street Add	fress (P.O. Box Number is Not Acceptable)		•	
	AMBRA CIRCLE			02	Sileet Addi	iless (F.O. Dox Number is Not Acceptable)	e med was in species to	ett orac som	
SUITE J		Ī	83		· · · · · · · · · · · · · · · · · · ·		制制制制		
CORAL (GABLES FL 33134			- 1	0"			7. F. S. 194	
				84	City	FL	*** 85 Zip (.ooe	
11. Pursuant to th	e provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove	-named corp	poration submits this statement for the purpose o	changing its	registered	
office or regist agent. I am fai	ered agent, or both, in the State i miliar with, and accept the obligat	or Florida, Such change was au tions of, Section 607.0505, Flori	tnorized ida Statu	tes.	une corporatio	ion's board of directors. I hereby accept the appo	mimeni as re	yistered	
SIGNATURE									
Signa	ture, typed or printed name of registered agen			Agent	l signature require	ed when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE PS		☐ DELETE	1.1 1111			15. 15.9 to 3	☐ Change	☐ Addition	
	LLUSCHI, ANTHONY		1.2 NA	ME					
.	WEST MONROE ST., #200		1.3 STF	REET	ADDRESS				
	ICAGO IL		1,4 CiT		-ZIP			F*** A 3 3 5 5 5 5	
TITLE D		☐ DELETE	2.1 TITI			·	☐ Change	Addition	
	LLUSCHI, ANTHONY		2.2 NA	ME					
	WEST MONROE ST., #200		2.3 STF	REET	ADDRESS				
CITY-ST-ZIP CH	ICAGO IL		2. 4 ÇП		T-ZIP				
TITLE		☐ DELETE	3.1 TITI	LE			☐ Change	☐ Addition	
NAME	**************************************		3.2 NAI						
STREET ADDRESS			3.3 STF	REET	ADDRESS	10 - 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	·通過的實際	41671131	
CITY-ST-ZIP	<u> </u>		3.4. CII		T- ZIP		7 120 130 s		
TILE		☐ DELETE	4.1 TITI			(3) スペンプンでは、アミン教育を経済	Change	* El Vadinou	
NAME			4. 2 NA						
STREET ADDRESS		•			ADDRESS			Ÿ	
CITY-ST-ZIP		□ BELETE	4.4 CIT		-ZIP		Chases	Addition	
TITLE		☐ DELETE	5.1 TITT 5.2 NAJ			20.3	Change		
NAME					ADDRESS				
STREET ADDRESS	•	•							
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.4 CIT		-ZIP	• ,	☐ Change	Addition	
TITLE							change	L Addition	
NAME			6.2 NA)	_	***********				
STREET ADDRESS		•			ADORESS				
CITY-ST-ZIP			6.4 CIT	Y-ST	- 4IP				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appear with an address, with other like empowered.

SIGNATURE:

3/2-236-675/