

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000077916 (3)**

1. Corporation Name

**KEYSTONE-FLORIDA PROPERTY HOLDING CORP.**



Principal Place of Business

Mailing Address

C/O LASALLE ADVISORS  
11 SOUTH LASALLE STREET  
CHICAGO IL 60603

C/O LASALLE ADVISORS  
11 SOUTH LASALLE STREET  
CHICAGO IL 60603

3. Date Incorporated or Qualified  
**11/10/1993**

3a. Date of Last Report  
**08/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **200 East Randolph St**

27 **200 East Randolph St**

City & State

City & State

23 **Chicago, IL**

28 **Chicago, IL**

Zip

Country

Zip

Country

24 **60601**

25 **USA**

29 **60601**

30 **USA**

4. FEI Number  
**36-3922504**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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          | PS                   | <input type="checkbox"/> DELETE            |
| NAME           | CUMMINGS, DANIEL W   |  |
| STREET ADDRESS | 11 LASALLE STREET    |  |
| CITY-ST-ZIP    | CHICAGO IL 60603     |  |
| TITLE          | VP                   | <input type="checkbox"/> DELETE            |
| NAME           | SCHAFT, PETER H      |  |
| STREET ADDRESS | 11 LASALLE STREET    |  |
| CITY-ST-ZIP    | CHICAGO IL 60603     |  |
| TITLE          | T                    | <input type="checkbox"/> DELETE            |
| NAME           | YOUNKERS, GARY C     |  |
| STREET ADDRESS | 11 LASALLE STREET    |  |
| CITY-ST-ZIP    | CHICAGO IL 60603     |  |
| TITLE          | VP                   | <input type="checkbox"/> DELETE            |
| NAME           | GARVEY, JAMES T.     |  |
| STREET ADDRESS | 11 S LASALLE ST      |  |
| CITY-ST-ZIP    | CHICAGO IL           |  |
| TITLE          | VPS                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | CONNELL, CAROLINE B. |  |
| STREET ADDRESS | 11 S LASALLE ST      |  |
| CITY-ST-ZIP    | CHICAGO IL           |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | VPS  |
| 5.3 STREET ADDRESS | SCHAFT, Peter H.   |
| 5.4 CITY-ST-ZIP    | 11 S. LaSalle St.  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

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: *James T. Garvey* 2/1/96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone #

CR2E034 (12/95)