

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000096009 (1)**

1. Corporation Name
IRONWOOD REALTY, INC.

Principal Place of Business

Mailing Address

**1001 FLAGLER CENTER
505 SOUTH FLAGLER DRIVE
W PALM BEACH FL 33401**

**1001 FLAGLER CENTER
505 SOUTH FLAGLER DRIVE
W PALM BEACH FL 33401-5823**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0731953		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEIDER, JOHN C
1001 FLAGLER CENTER
505 SOUTH FLAGLER DRIVE
W PALM BEACH FL 33401**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P Roy H. WUPKER
STREET ADDRESS		1.3 STREET ADDRESS	119 LEGANDE BLVD.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	AURORA, IL 60504
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP, S.T ANA I. WUPKER
STREET ADDRESS		2.3 STREET ADDRESS	119 LEGANDE BLVD.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	AURORA, IL 60504
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D KATHLEEN A. MAHONEY
STREET ADDRESS		3.3 STREET ADDRESS	174 CHRISTINA, CIRCLE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	WHEATON, IL 60187
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002149423
STREET ADDRESS		6.3 STREET ADDRESS	-04/21/97--0115--065
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***173.75

14. I do 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 attachment with an address.

SIGNATURE: *Roy H. Wupker* **Roy H. WUPKER** 4/7/97 **630-897-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000013

CR2E034 (9/96)