Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 003 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700001744

1. Corporation Name

MEADOW CLUB APARTMENTS, INC.

Principal Place of	f Business	Mailin	g Address			~					
1600 GOLF RD			OLF RD								
SUITE 750		SUITE					200	NOT WEIT	E IN THIS	SPACE	
ROLLING MEADOWS IL 60008 -		ROLLIN US	ig meadows il 60	0008					E IN THIS	SFACE :	
US		03	•				3. Date Incorporated or 01/08/1997	Quanteo			
2. Principal Place	e of Business	2a. Ma	ailing Address				4. FEI Number				Applied For
21		26					65-0771475		_		Not Applicable
Suite, Apt. #,	etc.	Su	uite, Apt. #, etc.				5. Certifcate of Status I	Desired			5 Additional
22		_ 27 -	. <u> </u>				- Control of Cardon		<u> </u>	Fee	Required
City & State		Cit	ity & State				6. Election Campaign F	inancing			May Be
23		28	·····				Trust Fund Contribut				d to Fees
Zip	Country	Zip	P	Cour	ntry		8. This corporation owe		nt year Inta		σ.,
24	25	29		30		· · · · · · · · · · · · · · · · · · ·	Personal Property Ta			☐ Yes	No
	9. Name and Address of Curre	nt Registere	ed Agent		1		10. Name and Address	of New R	egistered A	Agent	
MOND	ACH CECEDEV C				81	Name					
	ACH, GEOFFREY S				82	Street Add	dress (P.O. Box Number is N	ot Accepta	ble)		
	ST BROWARD BLVD						· · · · · · · · · · · · · · · · · · ·		_		
SUITE					83						
FURLE	LAUDERDALE FL 33394				84	City		_		85 Z	ip Code
					84	City			FL	00 -	p oodo
11. Pursuant to	istored agent or both in the State	of Florida S	Such change was a	authonzed	DV fr	named con	poration submits this statemention's board of directors. I her	ent for the reby accep	purpose of a t the appoin	manging itment as	registered
11. Pursuant to office or regingent. I am i	the provisions of Sections 507.05 istered agent, or both, in the State familiar with, and accept the obliginative, typed or printed name of registered agri	e of Florida. S ations of, Se	Such change was a section 607.0505, Flo	authorized orida Statu	by tr ites.	ne corporat	red when reinstating)	epy accep	DATE		
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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 of that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it by an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RE REQUIRED