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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000036469

1. Corporation Name

INLAND SOUTHEAST LAKE WALDEN INVESTMENT CORPORAT

| Principal Place | e of Business | Mail | ing Address | | | | | | | | |
|---|---|--|---------------------|---------------|--------|----------------|-------------------------|---|---------------------------|-------------------------------|------------------------------|
| 2901 BUTTERFIELD ROAD 2901 BUTTERFIELD ROAD | | | | | | | | | | | |
| OAK BROOK IL 60523 OAK BROOK IL 60523 | | | | | | | | DO NOT WRI | TE IN THIS | S SPACE | |
| | | | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | | ļ | 04/21/1998 | | | |
| 2 Principal P | lace of Business | 2a. | Mailing Address | | | | | 4. FEI Number | | | Applied For |
| | lace of Busiliess | H-i | Walling Address | | _ | _ | ļ. | 36-4224061 | | - | Not Applicable: |
| Suite, Apt. | # 010 | 26 | Suite, Apt. #, etc. | | _ | | - | 30-4224001 | | | Additional |
| | #, etc. | | ouite, Apt. #, etc. | | | | ļ | 5. Certifcate of Status Desired | | • | Required |
| City & Stat | | 27 | City & State | | | | | | | | ·········· |
| City & Stat | e | | only of State | | | | | 6. Election Campaign Financing | | • | 0 May Be d to Fees |
| Zin Country | | | Zip Country | | | | Trust Fund Contribution | | | 1 to rees | |
| Zip | Country | — — | | | | ountry | | 8. This corporation owes the curr | ent year in | ntangible ☐ Yes | No |
| 24 | [25] | 29 | | 30 | | | | Personal Property Tax. | | | |
| | 9. Name and Address of Cu | irrent Registe | red Agent | | 81 | Name | | 10. Name and Address of New F | tegistered | Agent | |
| СТ | CORPORATION SYSTEM | | | | 0' | Name | | | | | • |
| |) SOUTH PINE ISLAND ROAI | n | | | 82 | Street | Address | (P.O. Box Number is Not Accepta | ible) | | |
| | | U | | | Ш | | | | | | |
| PLAI | NTATION FL 33324 | | | | 83 | | | | | | |
| | | | | | 84 | City | | | | 85 Zip | Code |
| | | | | | " | City | | | Fi | _ | , 0000 |
| office or r | to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the of | tate of Florida | . Such change was a | authorized | i by ' | the corpo | corporat oration's | tion submits this statement for the board of directors. I hereby accept | purpose of at the appo | f changing it intment as r | is registered registered |
| SIGNATURE | • | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registere | d agent and title if a | pplicable. (NOT | E: Registered | Agen | t signature re | required whi | en reinstating) | DATE | | |
| 12. | OFFICER: | S AND DIREC | TORS | 13. | | | | ADDITIONS/CHANGES TO OF | FICERS A | ND DIRECT | ORS IN 12 |
| TITLE | D | | DELETE | 1.1 Ti | TLE | | P | | | Change | Addition |
| NAME | COZENZA, G J | | | 1.2 N | 4ME | | 1 | Joseph Cosenza | | | |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD | | | 1.3 \$ | REET | ADDRESS | 1 | Ol Butterfield Roa | | | |
| CITY-ST-ZIP | OAK BROOK IL 60523 | | | | 4 | | l őal | Brook, IL 60523 | a | | |
| TITLE | D | | ☐ DELETE | 2.1 TI | | 1-21 | VP | 2 DIOUR, 11 00323 | | ☐ Change | e K Addition |
| | PARKS, ROBERT D | • | | | 31 27 | | 1 1- | ven D. Sanders | | | ~ |
| NAME | · · | | | | | | |)l Butterfield Roa | ď∙ - | | |
| STREET ADDRESS | | | | | | | 1 | Brook, IL 60523 | • | | |
| CITY-ST-ZIP | OAK BROOK IL 60523 | | [] perete | 2.4 C | | T-ZIP | TS | C Brook, IL 00323 | | Change | Addition |
| TITLE | 0 | | ☐ DELETE | 3.1 TI | | | 1 | m E Varanda | | Change | Addition |
| NAME | KREMIN, ALAN | | | | 20 | | 1 | en F. Kremin | 1 | | |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD | | | 3.3 \$1 | REET | ADDRESS | 1 |)1 Butterfield Road | а | | |
| CITY-ST-ZIP | | | 3.4. C | | | Oak | Brook, IL 60523 | | | | |
| TITLE | | | ☐ DELETE | 4.1 Tr | ΠE | | | | | Change | a Addition |
| NAME | | | | 4.2 N | AME | | | | | | |
| STREET ADDRESS | | | | 4.3 \$1 | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CI | TY-ST | r-zip | | | | | |
| TITLE | | ······································ | ☐ DELETE | 5.1 TI | | | 1 | | | Change | e Addition |
| NAME | | | | 5.2 N | | į | | | | | |
| STREET ADDRESS | | | | 5.3 S | TREET | ADDRESS | } | | | | |
| | | | | 5.4 CI | | ì | | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 6.1 TI | | | | | | ☐ Change | e |
| | | | _ 0000,0 | 6.2 N | | | | | | 5.10.1g0 | |
| NAME | | | | | | ADDOCCO | | | | | |
| STREET ANDRESS | | | | 0.35 | KEE | ADDRESS | 1 | | | | • |

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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP