


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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90003 025 ***500.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000053491

1. Corporation Name
M/M FI DEVELOPMENT, INC.

Principal Place of Business
676 N MICHIGAN AVENUE SUITE 3900
CHICAGO IL 60601

Mailing Address
676 N MICHIGAN AVENUE SUITE 3900
CHICAGO IL 60601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1 Fisher Island Drive	26 1 Fisher Islnd Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami, Fl	28 Miami, Fl
Zip	Zip
24 33109-0001 25 USA	29 33109-0001 30 USA

3. Date Incorporated or Qualified 06/15/1998	Applied For Not Applicable
4. FEI Number 58-2405173	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

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	Chairman/Secretary <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Melk	1.2 NAME	
STREET ADDRESS	1 Fisher Island Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33109-0001	1.4 CITY-ST-ZIP	
TITLE	President/Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel E. McLean	2.2 NAME	
STREET ADDRESS	1 Fisher Island Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33109-0001	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen MacAdam	3.2 NAME	
STREET ADDRESS	1 Fisher Island Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33109-0001	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Walsh	4.2 NAME	
STREET ADDRESS	1 Fisher Island Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33109-0001	4.4 CITY-ST-ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAvid Grossberg	5.2 NAME	
STREET ADDRESS	1 Fisher Island Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33109-0001	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew B. Anderson	6.2 NAME	
STREET ADDRESS	1 Fisher Island Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33109-0001	6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)