

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-09-1999 90133 022 ***150.00

DOCUMENT # **V07975**

1. Corporation Name

RAINTREE ENTERPRISES OF FLORIDA, INC.



Principal Place of Business

**1600 GOLF ROAD
SUITE 800
ROLLING MEADOWS IL 60008-4223**

Mailing Address

**1600 GOLF ROAD
SUITE 800
ROLLING MEADOWS IL 60008-4223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

25

Country

2a. Mailing Address

26

1111 Plaza Drive

27

Suite, Apt. #, etc.

Suite 200

28

City & State

Schaumburg, IL

29

Zip

60173

30

Country

USA

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ARCOS, ERNIE
9990 INTERNATIONAL DR
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **CATALDO, ROBERT J.**
STREET ADDRESS **1600 GOLF ROAD, SUITE 200**
CITY-ST-ZIP **ROLLING MEADOWS IL**

TITLE **D** ☐ DELETE
NAME **GINGRICH, WILLIAM D., II**
STREET ADDRESS **1600 GOLF ROAD**
CITY-ST-ZIP **ROLLING MEADOWS IL**

TITLE **D** ☐ DELETE
NAME **GAVZER, CHARLES A.**
STREET ADDRESS **1600 GOLF ROAD**
CITY-ST-ZIP **ROLLING MEADOWS IL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1111 Plaza Drive**
1.4 CITY-ST-ZIP **Schaumburg, IL 60173**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1111 Plaza Drive**
2.4 CITY-ST-ZIP **Schaumburg, IL 60173**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1111 Plaza Drive**
3.4 CITY-ST-ZIP **Schaumburg, IL 60173**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)