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

DOCUMENT # **F97000006017**1. Corporation Name

CITY-ST:ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

LARSON REALTY OF CHICAGO, INC.

Principal Place of Business	Mailing Address		7 100/100 11(8 10(1) 100/10 00/10 00/10 00/10	111 44 12 in 11 40 10 11 11 11 11 11 11 11 11 11 11 11 11
7509 CORDOBA CIRCLE NAPLES FL 34109	PO BOX 10373 NAPLES FL 34101			
WW 225 12 57765			DO NOT WRITE IN T	HIS SPACE
			3. Date incorporated or Qualifed	
			<u> </u>	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26	/	36-3803678-≠	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	18	5. Certificate of Status Desired	\$8.75 Additional
22 IMES	· [27] 5',	AT AS	5. Certificate of Status Desireo	Fee Required
City & State	City & State	ABOVE	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible \ \
⊢	29 30	<u> </u>	Personal Property Tax.	☐ Yes ☐ M
9. Name and Address of Current	1=- [<u> </u>	10. Name and Address of New Register	red Agent
5. Name and Address of Current	Registered Agent	81 Name	RICK LARSON	
LARSON, RICK L		<u> </u>	<u> </u>	
7509 CORDOBA CIRCLE	AD 20.055	82 Street Add	ress (P.O. Box Number is Not Acceptable))
NAPLES FL 34109	CHANGE.	83	33/1-1/1-	
144 223 12 34133			Thes' The	• •
· ·		84 City		EL 85 Zip Code 34/08
			S. A.	- L 37/00
11. Pursuant to the provisions of Sections (\$1,0502 office or registered agent, or both, ip fig. State of agent. I am familiar with angleccept me obligations.)	and 607.1508, Florida Statutes, f Florida, Such change was auth	, the above-named corp norized by the corporati	oration submits this statement for the purposi on's board of directors. I hereby accept the ap	opointment as registered
agent. I am familiar with and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.		100
SIGNATURE				<i>/ / /</i>
Signature, typed or pfinter have of registered agent		egistered Agent signature require		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE P	☐ DELETE	1.1 ΠΤLE	PRESIDENT	Figure Vocation
NAME LARSON, RICK		1.2 NAME	RICK LARSON RD	
STREET ADDRESS 7509 COROOBA CIRCLE		1.3 STREET ADDRESS	23 BANYAN KO	21110
CITY-ST-ZIP NAPLES FL 34109		1.4 CITY-ST-ZIP	NATUES, FL.	34108
TITLE	☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	•	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		,
STREET ADDRESS		3.3 STREET ADDRESS -	-	
		3.4. CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
\		4. 2 NAME		
NAME		4.0 OTDEET 4000500		

6.4 CITY-ST-ZIP 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 of 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 adaptive of the corporation of the corpo

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

URE REQUIRED SIGNATURE:

Change

☐ Change

☐ Addition

☐ Addition

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90053 014 ***150.00