


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

FILED

**Jan 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F95000000192 (3)

1. Corporation Name
ECD - ARBOR LAKES, INC.



Principal Place of Business 1653 BARCLAY BLVD BUFFALO GROVE IL 60089 US	Mailing Address 1653 BARCLAY BLVD. BUFFALO GROVE IL 60089 US
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1995

2. Principal Place of Business 21 1641 Barclay Boulevard Suite, Apt. #, etc.	2a. Mailing Address 26 1641 Barclay Boulevard Suite, Apt. #, etc.
--	---

4. FEI Number 36-3989519	Applied For Not Applicable
------------------------------------	-------------------------------

22 City & State 23 Buffalo Grove, Illinois	27 City & State 28 Buffalo Grove, Illinois
---	---

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

24 Zip 60089	25 Country	29 Zip 60089	30 Country
-----------------	------------	-----------------	------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--

9. Name and Address of Current Registered Agent CT CORP 1200 S. PINE ISLAND RD. PLANTATION FL 33324	
---	--

81 Name	10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, GERALD M	1.2 NAME	
STREET ADDRESS	1653 BARCLAY BLVD	1.3 STREET ADDRESS	1641 Barclay Boulevard
CITY-ST-ZIP	BUFFALO GROVE IL	1.4 CITY-ST-ZIP	Buffalo Grove, Illinois 60089
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, SCOTT D	2.2 NAME	
STREET ADDRESS	1653 BARCLAY BLVD	2.3 STREET ADDRESS	1641 Barclay Boulevard
CITY-ST-ZIP	BUFFALO GROVE IL	2.4 CITY-ST-ZIP	Buffalo Grove, Illinois 60089
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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.

SIGNATURE: *[Signature]* **1-9-98** (847) 229-9200

CR2E034 (10/97)