FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	1997			100 111	3	DIVISION O	CORPORA	TIONS		MI J		caco
DOCUN 1. Corporation	MENT Name	#	N4	1739	6	(9)						
MACAR	THUR H	OLDI	NG B	, INC.					r andriede war delbei imdens ferid s	nud Bus Arba d		(# () # (* () * () *
Principal Place	e of Busines	s	,		Mail	ing Address				/II/W WIFE #7811 W	TING BIBIF OFBEI MI	ilist medil silit
C/O JOHN D &			CARTHU	R FOUND		PGA BLVD.			·			
140 S DEARBOR CHICAGO IL 600		Юĸ				900 I BCH GARDENS FI	L 33410-6562				1 (
					US				3. Date Incorporated or Qualific 02/14/1992	od Ja. L	Date of Last R 04/24/19	96
2. Principal Pl	ace of Busin	iess	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	├ 1	Mailing Address			4. FEI Number NOT APPLICABLE		 	oplied For ot Applicable
Suite, Apt.	#, etc				26	Suite, Apt. #, etc.			Certificate of Status Desired			Additional
22	·				27			····				equired
City & State	3				28	City & State			6. Election Campaign Financine Trust Fund Contribution	9 🗆		May Be to Fees
Zip		C	ountry			ip	Соил	try	8. This corporation has liability	~	le tax under s	
24	A Nama	25	44-0-		29		30		Florida Statutes	Yes		
	9. Name	ano /	(dares	of Curren	t Hegiste	red Agent		31 Name	10. Name and Address of New	Hegistered	1 Agent	
COHEN,	STEVEN						ļ.		ddress (P.O. Box Number is Not Acce	otabla)		
4400 PGA BLVD.									Juless (F.O. DOX Multiper le Mot Acce	Mable)		
SUITE 90		es es a co						33				ĺ
PALM BE	EACH GAR	DENS	FL 33	14 TU			Ī	City	<u> </u>	FI	85 Zip	Code
11. Pursuani i	to the provis	ions o	Sectio	ns 617.050	2 and 617	.1508, Florida Sta	tutes, the ab	ove-named c	orporation submits this statement for t			ts registered
office or re agent. I ar	egistered ag m familiar w	jent, o ith, an	r both, i d accep	n the State at the obliga	of Florida ations of,	i. Such change wa Section 617.0503,	s authorized Florida Statu	by the corpo tes.	orporation submits this statement for to pration's board of directors. I hereby ac	cept the ap	pointment as	registered
SIGNATURE	Signature, typeo	or print	d neme n	l remistered and	nt and title if	annicante (N	OTF Registered	Anent sinnat se re	quired when reinstating)	DATE	,	
12.				ICERS AND			13,		ADDITIONS/CHANGES TO O		ND DIRECTOR	RS IN 12
TITLE	PD			· ·		☐ DELETE	1.1 TifL				Change	☐ Addition
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TITLE	VD		711111111			DELETE	2 1 TITL			······································	Change	Addition
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NAME	GRACE,	PHIL	PM.				4.2 NA				☐ Change	Addition
STREET ADDRESS	140 SOI	JTH (ORN				EET ADDRESS				
CITY - ST - ZIP	CHICAG	O IL					4.4 CITY	-ST-ZIP				
TITLE						☐ DELETE	5.1 THTL				Change	Addition
NAME STREET ADDRESS							5.2 NAM	1				}
CITY-ST-ZIP								EF ADDRESS - ST-ZIP				
TITLE						DELETE	6.1 TITLE			***************************************	Change	Addition
NAME							6.2 NAM	E				
STREET ADDRESS								ET ADDRESS				}
CITY-ST-ZIP 14. I do hereb	y certify that	the in	formati	on supplied	with this	filing does not our	6.4 City	(0.00.04) - 0.00.0	ted In Section 119.07(3)(i), Florida Stat	The state of the s		
information I am an off	indicated o	on this	annual	report or su	ipplemen	tal annual report is	true and ac	curate and the	ted in Section 119.07(3)(i), Florida Stat nat my signature shall have the same in Not as required by Chapter 517. Florida	utes. I furthe	er certify that it as if made unc	the der oath; that
appears in	Block 12 o	Block	13 if c	happen/or	on an acet	achment with an a	ddress.	ocute this rep	nat my signature shall have the same le cort as required by Chapter 617, Florid	a Statutes;	and that my n	ame

SIGNATURE:

FILED

May 20 1997 8:00am

Secretary of State

561-624-4949

Daytime Phone # 0040849