

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015989 (5)

1. Corporation Name
CASABLANCA LTD., INC.



Principal Place of Business: **100 SEAWAY COURT - VERO BEACH FL 32969 - 1605 Alisa Lane Santa Barbara CA 93110**
Mailing Address: **100 SEAWAY COURT - VERO BEACH FL 32969 - 1605 Alisa Lane Santa Barbara CA 93110**

3. Date Incorporated or Qualified: **03/03/1993**
3a. Date of Last Report: **08/11/1995**
4. FEI Number: **59-3167842**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 8700 W Bryn Mawr 93110**
Suite, Apt. #, etc.: **27 Suite 810 North**
City & State: **28 Chicago IL**
Zip: **29 60631** Country: **30 COOK**

9. Name and Address of Current Registered Agent
**Samuel A. Block
Attorney at Law
2127 Tenth Avenue
Vero Beach, Florida 32960**

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 implications of, Section 607.0501, Florida Statutes.

SIGNATURE: *Samuel A. Block*
Signature of registered agent, printed name of registered agent, and title of registered agent

5/18/96
Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, LARRY	
STREET ADDRESS	100 SEAWAY CT.	
CITY - ST - ZIP	VERO BEACH FL 32969	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, MARIA	
STREET ADDRESS	100 SEAWAY CT.	
CITY - ST - ZIP	VERO BEACH FL 32969	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KROL, JEFF	
STREET ADDRESS	8600 W. BRYN MAWR #200S	
CITY - ST - ZIP	CHICAGO IL 60631	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Brown, Larry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1605 Alisa Lane	
1.3 STREET ADDRESS	Santa Barbara CA 93110	
1.4 CITY - ST - ZIP		
2.1 TITLE	Brown Larry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1605 Alisa Lane	
2.3 STREET ADDRESS	Santa Barbara CA 93110	
2.4 CITY - ST - ZIP		
3.1 TITLE	Krol, Jeff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	8700 W. Bryn Mawr Ste 810 N	
3.3 STREET ADDRESS	Chicago IL 60631	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lawrence W. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence W. Brown, President

4/16/96
Date

Daytime Phone #

CR2E034 (12/95)