

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000068503 (8)**

1. Corporation Name
INDIAN RIVER SQUARE, INC.



Principal Place of Business: **C/O PAUL HOMER, ESQ./ RUDNICK & WOLFE, 203 NORTH LASALLE STREET, CHICAGO IL 60601-1293**
Mailing Address: **C/O PAUL HOMER, ESQ./ RUDNICK & WOLFE, 203 NORTH LASALLE STREET, CHICAGO IL 60601-1293**

3. Date Incorporated or Qualified: **09/06/1995**
3a. Date of Last Report: **09/06/1995**
4. FEI Number: **36-4038136**
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
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
g. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* Date: *[Date]* DAY

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---|---------------------------------|---|---|
| 1. TITLE: D | <input type="checkbox"/> DELETE | 1. TITLE: D/P/S/T | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME: HORNSTEIN, MICHAEL | | 2. NAME: Hornstein, Michal | |
| 3. STREET ADDRESS: 1550 DE MAISONNEUVE BLVD. W., ROOM 1030 | | 3. STREET ADDRESS: 1550 DeMaisonneuve Blvd. W., Room 1030 | |
| 4. CITY, ST, ZIP: MONTREAL, QUE. H3G1N2 CANADA | | 4. CITY, ST, ZIP: Montreal, Que. H361N2 CANADA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5. TITLE: | <input type="checkbox"/> DELETE | 5. TITLE: AS | |
| 6. NAME: | | 6. NAME: Diane Barnett | |
| 7. STREET ADDRESS: | | 7. STREET ADDRESS: c/o Rudnick & Wolfe, 203 N. LaSalle St. | |
| 8. CITY, ST, ZIP: | | 8. CITY, ST, ZIP: Chicago, IL 60601 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE: | <input type="checkbox"/> DELETE | 9. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME: | | 10. NAME: | |
| 11. STREET ADDRESS: | | 11. STREET ADDRESS: | |
| 12. CITY, ST, ZIP: | | 12. CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE: | <input type="checkbox"/> DELETE | 13. TITLE: | |
| 14. NAME: | | 14. NAME: | |
| 15. STREET ADDRESS: | | 15. STREET ADDRESS: | |
| 16. CITY, ST, ZIP: | | 16. CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE: | <input type="checkbox"/> DELETE | 17. TITLE: | |
| 18. NAME: | | 18. NAME: | |
| 19. STREET ADDRESS: | | 19. STREET ADDRESS: | |
| 20. CITY, ST, ZIP: | | 20. CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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 changes I or on an alternate agent will be filed.

SIGNATURE: *Diane Barnett (Asst Sec)* 2/6/96 312-984-5656

CR2E034 (12/95)