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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29 1998 8:00am Secretary of State

	IMENT # 59845 ING CAPITAL GROUP INC.	60 (5)		
Principal Place of Business Mailing Address				
104 CRANDON BLVD		104 CRANDON BLVD		
SUITE 419		SUITE #419		
KEY BISCAYNE FL 33149 US		KEY BISCAYNE FL 33149 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
03		00		12/26/1978
2. Principal i	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		13-2964405 Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & Sta	ile	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 💹 Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
	ALAN, MARIA J.		81	Name
104 CRANDON BLVD #419 KEY BISCAYNE FL 33149			82	Street Address (P.O. Box Number is Not Acceptable)
IN	LI BIOCHTTL I C 00140		83	
			84	City FL 85 Zip Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607 Of registered agent, or both, in the Stat am familiar with, and accoupt the obli- Signature, typed or penting name of registered a			named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered appointment as registered appointment as registered.
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD Addition
NAME	DONAGHY, JAMES W		1.2 NAME	Donaghy, James W
STREET ADDRESS	404 CRANDON BLVD #419		1.3 STREET A	ADDRESS 7 Ridge word Drive
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY - ST -	IP Bridgemater CT
TITLE	VB.	DELETE	2 1 TITLE	Change Addition
NAME	HEALY, THAOTHY F.		22 NAME	
STREET ADDRESS	171 ACOABONAS RD		2.3 STREET A	NODRESS
CITY-ST-ZIP	-EAST HAMPTON NY		2. 4 CITY-ST	I-ZIP
TITLE	AS	DELETE	3.1 TATLE	Change Addition
NAME	DENIS, LYNNE		3.2 NAME	- 1 - de day to
STREET ADDRESS	-665-PIFTH AVE - 14TH PL		3 3 STREET A	ADDRESS 10 East 53rd Street, 36th Floor
CITY-ST-ZIP	NEW YORK NY		3.4. CITY-ST	
TITLE	•	DELETE	4.1 TITLE	Change Addition
NAME	LEISCHNER, STEVEN		4. 2 NAME	
STREET ADDRESS	1979 DOGWOOD DR.		4.3 STREET A	ADORESS
CITY-ST-ZIP	WESTFIELD NJ		44 DITY-ST-	-ZIP
TITLE		DELETE	5.1 TITLE	Change M Addition
NAME			5.2 NAME	Spencer, A.A.

5.4 CITY-ST-ZIF

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the reBlock 12 or Block 13 if changed, or on an annual report.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

lorida Statutes. I further certify that the information e legal effect as if made under oath; that I am an Florida Statutes; and that my name appears in

Change