

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 29 JUN 28 PM 4:27
 TALLAHASSEE, FLORIDA

DOCUMENT # **703971**
 1. Corporation Name
ILLINOIS APARTMENTS, INC.

Principal Place of Business
**1501 SE 15th Court
 Deerfield Beach, FL 33441**

Mailing Address
**500 NE SPANISH RIVER BLVD
 #18
 BOCA RATON FL 33486
 US**

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 5/1/1962 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-1879079 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 24 | 25 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | 29 | 6. Election Campaign Financing |
| | 30 | <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

**WILLIS, ERNEST
 BEACON PROPERTY MGMT, INC.
 500 NE SPANISH RIVER BLVD, #18
 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gary Armstrong | 1.2 NAME | 300002924173-1 |
| STREET ADDRESS | 1501 SE 15th Court #204 | 1.3 STREET ADDRESS | -07/06/99--01141--013 |
| CITY-ST-ZIP | Deerfield Beach, FL | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Patricia Sateriale | 2.2 NAME | |
| STREET ADDRESS | 1501 SE 15th Ct. #502 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Deerfield Beach/ FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Betty Kalina | 3.2 NAME | |
| STREET ADDRESS | 1501 SE 15th Court #201 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Deerfield Beach, FL | 3.4 CITY-ST-ZIP | |
| TITLE | Asst T/D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Terry Ivsengen | 4.2 NAME | |
| STREET ADDRESS | 1501 SE 15th Court #305 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Deerfield Beach, FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Victor LoBuglio | 5.2 NAME | |
| STREET ADDRESS | 1501 SE 15th Court #402 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Deerfield Beach, FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Leo Villari, Jr. | 6.2 NAME | |
| STREET ADDRESS | 1501 SE 15th Court #301 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | Deerfield Beach, FL 33441 | 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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: 6/24/99 (954) 725-8721