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ANNUAL REPORT

1995

DOCUMENT # 711023 (2)

ILLINI ASSOCIATION, INC.

ACCEPTED AND FILED

95 FEB 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
545 SOUTH ATLANTIC BOULEVARD FORT LAUDERDALE FL 33316	545 SOUTH ATLANTIC BOULEVARD FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1966
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-0973921 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A.
6520 N. ANDREWS AVE.
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: POLIAKOFF, GARY A.
82 Street Address (P.O. Box Number is Not Acceptable): 3111 Stirling Rd.
83 Fort Lauderdale
84 City: FL 85 Zip Code: 33312

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 obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ELLOWITCH, MARY F	1.2 NAME		
STREET ADDRESS	545 S ATLANTIC BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HAGBERG, JOHN R	2.2 NAME		
STREET ADDRESS	545 SO ATLANTIC BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HARTNETT, JOSEPH	3.2 NAME	DOWNING, DAVID	
STREET ADDRESS	545 S ATLANTIC BLVD	3.3 STREET ADDRESS	545 S ATLANTIC BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	VANGAS, CHARLES	4.2 NAME		
STREET ADDRESS	545 S ATLANTIC BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCALLISTER, WILLIAM	5.2 NAME	HARTNETT, JOSEPH	
STREET ADDRESS	545 S ATLANTIC BLVD	5.3 STREET ADDRESS	545 S ATLANTIC BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Mary F. Ellowitch Feb. 21, 1995 305-761-8567
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Mary F. Ellowitch

0048803