

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. MoRham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711023 (2)

1. Corporation Name
ILLINI ASSOCIATION, INC.

Principal Place of Business 545 SOUTH ATLANTIC BOULEVARD FORT LAUDERDALE FL 33316	Mailing Address 545 SOUTH ATLANTIC BOULEVARD FORT LAUDERDALE FL 33316
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/10/1966	4. FEI Number 59-0973921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent POLIAKOFF, GARY A. 3111 STIRLING RD FT LAUDERDALE FL 33312	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICKER, GEORGE 545 SO ATLANTIC BLVD. FORT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Ricker, George 545 So. Atlantic Blvd. Ft. Lauderdale, FL. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, HOWARD 545 SO ATLANTIC BLVD. FORT LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOYKARLI, JACKIE 545 SO ATLANTIC BLVD. FORT LAUDERDALE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Katherine Willoughby, Katherine 2160 NE 55th Street Ft. Lauderdale, FL. 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EXUM, JOHN 545 SO ATLANTIC BLVD. FORT LAUDERDALE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD John Exum 545 South Atlantic Blvd. Ft. Lauderdale, FL. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILBORN, BILL 545 SO ATLANTIC BLVD. FORT LAUDERDALE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T Tammy Tassitano 545 South Atlantic Blvd. Ft. Lauderdale, FL. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:  John Exum 2/12/98

CR2E037 (10/97)