FILE NOW: FILING FEE AFTER MAY 1ST IS \$510.00

CORPORATION ANNUAL REPORT



FILED PROFIT Apr 02 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998

	MENT # 853/3/ ILL CAPITAL CORPORATION	` '								
Principal Place	e of Business	Mailing Address				_{ 		01911 01811 0181 1	A MINEL LEAD	
11111 SANTA MONICA BLVD. 11111 SANTA MONICA BL			LVD.							
STE 1500 STE 1500 LOS ANGELES CA 90025 LOS ANGELES			A 00005			DO NOT WRITE IN THIS SPACE				
LOS ANGELES	5 CA 90025	LOS ANGELES CA 90025				3. Date incorporated or Qualified	L IN IT II S	JI AOL		1
						08/12/1982				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied			oplied For	1	
21		26				95-2689288		No	nt Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22		27						Fee Re		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	28 Zip	Country		8. This corporation owes or has paid the current year Intangible			-		
24	25	29				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Re						
СТ	CORPORATION SYSTEM			81 Na	me					
1200 S. PINE ISLAND ROAD				82 Str	eet Addr	ess (P.O. Box Number is Not Accepta	ble)			1
PLANTATION FL 33324									-	-
				83						
				84 Cit	y y		FL	85 Zip (Code	1
44 Purguant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the al	oove-nar	ned corp	oration submits this statement for the		chanoing it	s registered	-
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obliga-	of Florida. Such change was tions of Section 607.0505, Fl	authorized orida Stat	d by the utes.	corporati	ion's board of directors. I hereby acco	ept the app	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered agen	Lara tata il nonleable (MC)	I Franklere	Acont sign	alura recuir	nd when reinstating)	DA)Ł			
12.	OFFICERS AND		13.	a region bigi	atore reguin	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12	16
TITLE	D	DELETE	TE 1.1 T					Change	Addition	CR2E034 (10/97
NAME	NICKOLL, JOHN F		1.2 N/	1.2 NAME 1.3 STREET ADDRESS						엉
STREET ADDRESS	11111 SANTA MONICA BLVD.		1.3 ST							읎
CłTY - ST - ZIP	LOS ANGELES, CA 00000		1.4 CIT							183
TITLE	VD DELETE		2.1 11	2.1 TITLE				☐ Change	Addition	0
NAMÉ	HILTON, DAVID C.			2.2 NAME						
STREET ADDRESS	11111 SANTA MONICA BLVD. LOS ANGELES CA			REET ADDR	ESS					
CITY-ST-ZIP	VS DELETE			ITY - ST - ZIP				☐ Change	Addition	1
TITLE	GARY, KEVIN D			3 1 TITLE 3.2 NAME				onlings		1
4444 CANTA MONICA PLATO				3.3 STREET ADDRESS						1
STREET ADDRESS CITY-ST-ZIP	LOS ANGELES CA	177		ITY-ST-ZIP	.53					
TITLE	PD	☐ DELETE	4.1 Ti					Change	Addition	1
NAME	SCHWAB, PETER E.	_	4. 2 N							1
STREET ADDRESS	11111 SANTA MONICA BLVD.		4.3 S	REET ADDR	SS					
CITY-ST-ZIP	LOS ANGELES CA		4.4 CI	TY-ST-ZIP						
TITLE	VT DELETE		5.1 TI	5.1 TITLE				Change	Addition	1
NAME	DAHL, KENT		5.2 N/	5.2 NAME						1
STREET ADDRESS	T ADDRESS 11111 SANTA MONICA BLVD		5.3 STREET ADDRESS		ESS					1
CITY-ST-ZIP	LOS ANGELES CA			5.4 CITY-ST-ZIP				TT 61	11,100	4
TITLE		☐ DELETE	6.1 Tr					Change	Addition Addition	1
NAME			6.2 N/							1
STREET ADDRESS				REET ADDR	ESS					1
CITY-ST-ZIP			6.4 C	TY-ST-ZIP						1

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.