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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700001350 1. Corporation Name

PRO FUND OF ILLINOIS, INC.

	s								
Principal Plac	e of Business	Mailing Address			1,000,000,000		i ná liti Ruia t ti nou iti n i		
10 SOUTH LA SALLE ST., STE, 3300 CHICAGO IL 60603-1002		10 South La Salle St., Ste. 3300 C/O George Hamman Chicago Il 60603-1002				DO NOT WRITE IN	I THIS SPACE		
		U\$			3. Date Incorpora 03/17/1997	ted or Qualifed	 		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 36-3466822			oplied For ot Applicable	55445
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.,		5. Certifcate of St	atus Desired 🔲		Additional equired	23
City & Stat	e -	City & State		yee yeer.	6. Election Camp			May Be	سيب
Zip	Country	Zip	Co.	intry	8. This corporation Personal Property	n owes the current yearly Tax	ear Intangible	□No	
24	9. Name and Address of Curren		1301	T		dress of New Regis	tered Agent		
		CA PARTY AND ASSESSMENT		81 Name					
GUSTAFSON, JOEL K ESO. 1 E. BROWARD BLVD., #1300		, , , ,		82 Street Ad	ess (P.O. Box Number is Not Acceptable)				
FT. I	LAUDERDALE FL 33301			83	W.C.				
				84 City	FI 85			Zip Code	
ogost I o	m familiar with and accent the children	tiggsgaf Section 607.0505 Fla	nnda Stat	uites					
SIGNATURE	to the provisions of Sections 607.050 registered agent or both, in the State in familiar with and accept the object Signature, typed of printed name of registered agent	nt and title if applicable. (NOTI	E: Registered		ired when reinstating)	Di	ATE	·	6
SIGNATURE	Signature, typed of printed name of registrated ager OFFICERS AN	nt and title if applicable. (NOTE	E: Registered	d Agent skilnature requ	ired when reinstating) + [36].	D/ ANGES TO OFFICE	ATE RS AND DIRECTO	ORS IN 12	4,00)
SIGNATURE 12. TITLE	Signature, typed of planted name of registrated oper OFFICERS AN	nt and title if applicable. (NOTI	E: Registered	Agent skinature requ	ired when reinstating)	D/ ANGES TO OFFICE	ATE	·	144100)
SIGNATURE	Signature, typed of printed name of registrated oper- OFFICERS AN CPT MARKOFF, MICKEY	nt and title if applicable. (NOTE	E: Registered 13. 1.1 TI 1.2 N	Agent skinature requ	ired when reinstating) + [36].	D/ ANGES TO OFFICE	ATE RS AND DIRECTO	ORS IN 12	CO2/ (44/00)
12. TITLE NAME STREET ADDRESS	Signature, typed of printed negric of registrated oger OFFICERS AN CPT MARKOFF, MICKEY 200 E. BROWARD BLVD. #113:	nt and title if applicable. (NOTE	13. 1.1 TI 1.2 No 1.3 S	d Agent sylnature requ ITLE AME	ired when reinstating) + [36].	D/ ANGES TO OFFICE	ATE RS AND DIRECTO	ORS IN 12	DOE02/ (44/00)
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of registrated oper- OFFICERS AN CPT MARKOFF, MICKEY	nt and title if applicable. (NOTE	13. 1.1 TI 1.2 No 1.3 S	J Agent skinature requirit.E AME TREET ADDRESS ITY-ST-ZIP	ired when reinstating) + [36].	D/ ANGES TO OFFICE	ATE RS AND DIRECTO	ORS IN 12	CD2E034 (44,08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed negric of repetiged eger OFFICERS AN CPT MARKOFF, MICKEY 200 E. BROWARD BLVD. #113: FT. LAUDERDALE FL 33301 S HAMMAN, GEORGE	nt and title if applicable. (NOTI ID DIRECTORS DELETE DELETE	E: Registered 13. 1.1 Π 1.2 N 1.3 S 1.4 C	TAgent skinature required and skinature requi	ired when reinstating) + [36].	D/ ANGES TO OFFICE	ATE RS AND DIRECTO Change	DRS IN 12	CD2E034 (44/09)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed region of the standard of the stan	nt and title if applicable. (NOTI ID DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N. 1.3 S 1.4 Cl 2.1 TI 2.2 N.	TAgent skinature required and skinature requi	ired when reinstating) + [36].	D/ ANGES TO OFFICE	ATE RS AND DIRECTO Change	DRS IN 12	CBOE034 (44/09)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed of printed region of registered oper OFFICERS AN OFFICERS AN OFFICERS AN ARKOFF, MICKEY 200 E. BROWARD BLVD. #1133 FT. LAUDERDALE FL 33301 S HAMMAN, GEORGE 10 SOUTH LA SALLE, STE. 330	nt and title if applicable. (NOTH ID DIRECTORS DELETE	E: Registered 13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S	Agent skinature required and skinature requir	ired when reinstating) + [36].	D/ ANGES TO OFFICE	ATE RS AND DIRECTO Change	DRS IN 12	CD2E024 (44(08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed negles of regarded 6ger OFFICERS AN CPT MARKOFF, MICKEY 200 E. BROWARD BLVD. #113: FT. LAUDERDALE FL 33301 S HAMMAN, GEORGE 10 SOUTH LA SALLE, STE. 336 CHICAGO IL 60603-1002	nt and title if applicable. (NOTE ID DIRECTORS DELETE DELETE DELETE DELETE	E: Registered 13. 1.1 II 12 N 1.3 S 1.4 C 2.1 II 22 N 2.3 S 2.4 C 3.1 II 3.2 N 3.3 S 3.4 C	Agent skinsture requirite AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ACDRESS ITY-ST-ZIP ITLE AME TREET ACDRESS ITY-ST-ZIP ITLE TREET ACDRESS	ired when reinstating) + [36].	ANGES TO OFFICE	RS AND DIRECTO Change	DRS IN 12 Addition Addition	(S) 144(08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE	Signature, typed of printed negles of regarded 6ger OFFICERS AN CPT MARKOFF, MICKEY 200 E. BROWARD BLVD. #1138 FT. LAUDERDALE FL 33301 S HAMMAN, GEORGE 10 SOUTH LA SALLE, STE. 336 CHICAGO IL 60603-1002	nt and title if applicable. (NOTE ID DIRECTORS DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 TI 12 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	Agent skinature requirit. AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ACDRESS CITY-ST-ZIP TILE AME TREET ACDRESS CITY-ST-ZIP TILE TREET ACDRESS CITY-ST-ZIP TILE	ired when reinstating) + [36].	ANGES TO OFFICE	RS AND DIRECTO Change Change	DRS IN 12 Addition Addition	CD2E034 (44(09)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed of printed neglect of registrated soon OFFICERS AN OFFICERS A	T and title if applicable. (NOTI DD DIRECTORS DELETE DELETE DELETE DELETE DELETE	E: Registerece 13. 1.1 TI 12 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 4.2 N. 4.3 S 4.4 CI 5.1 TI 5.2 N. 5.3 S 5.4 C 6.1 TI	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ACDRESS ITY-ST-ZIP ITLE TREET ACDRESS ITY-ST-ZIP	ired when reinstating) + [36].	ANGES TO OFFICE	Change	DRS IN 12 Addition Addition	(3.7%)

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 personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation or the personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation or the personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation or the personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation or the personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation or the personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation or the personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation or the personnel provided in the same legal effect as if made under oath; that I am an officer or director of the corporation of the

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CITY-ST-ZIP

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Feb 06, 1999 8:00am

Secretary of State

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