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**Secretary of State** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P20234

JOHN P. PEARL & ASSOCIATES, LTD., INCORPORATED

Principal Plac	e of Business	Mailing Address			-	III BIBI BIBII BIBII BIBII BIBII B	INI DIBILINI
1200 E. GLEN AVE. 1200 E. GLEN AVE.						•	
PEORIA HEIGHTS IL 61614-5348		PEORIA HEIGHTS IL 61614-5348		DO NOT WELL	TE IN THIS SPACE		
		•			3. Date Incorporated or Qualifed	TE IN THIS SPACE	
					07/27/1988		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	And	olied For
21	igoc or business	26			37-0817309	— — — · · ·	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	le	City & State			6. Election Campaign Financing	□ \$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zíp	Country Zip		Country		8. This corporation owes the curre		
24	25		30		Personal Property Tax.		☑No
	9. Name and Address of Curi	rent Registered Agent	81	Name	10. Name and Address of New R	registered Agent	
PRE	NTICE-HALL CORPORATION S	VSTEM INC	61	Name			ļ
	PHAYES STREET	TOTEM, MIO.	82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)	
	E 105		83		14.7 5.78.33.87.318.43.	or Anni II. The Elevision of the course of	Sit altin (AA)
	AHASSEE FL 32301				一	<b>計劃網報制設計</b>	
	- · · · · · · · · · · · · · · · · · · ·		84	City	production 20 to the second	85 ZIp C	ode
11 Dureuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statutes	s the above	-named como	oration submits this statement for the	purpose of changing its	reaistered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was aut	thorized by t	the corporation	n's board of directors. I hereby accep	of the appointment as req	gistered
agent. I a	im familiar with, and accept the obli	igations of, Section 607.0505, Florid	da Statutes.				Ì
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: F	Registered Agent	signature required	when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE		27/07/03/9	☐ Change	☐ Addition
NAME	PEARL, JOHN P.		4.0.111415	]	* ( 15* . ) 10	-	
STREET ADDRESS	1200 E. GLEN AVE.		1.2 NAME	1	11.0 H.C 11.0 19	•	
CITY-ST-ZIP	<b></b>		1.2 NAME 1.3 STREET	ADORESS	4.7 3.72 1.43 TV		Addition
TITLE	PEORIA HEIGHTS IL 61614-5	348		j	C 1. C 1. C 1. C 1. V		
	PEORIA HEIGHTS IL 61614-5 P	348 □ DELETE	1.3 STREET	j	1.1.2	☐ Change	Addition
NAME	<del></del>		1.3 STREET	j	-1.2 (1.32 (1.35 TV)	Change	
NAME STREET ADDRESS	P PEARL, GARY P 1200 E. GLEN AVE.		1.3 STREET 1.4 CITY-ST 2.1 TITLE	- ZIP	(A.C. 1.45 TV	☐ Change	
	P PEARL, GARY P	□ DELETE	1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME	- ZIP  ADORESS	( ) ( ) ( )	. – .	Addition
STREET ADDRESS	P PEARL, GARY P 1200 E. GLEN AVE. PEORIA HEIGHTS IL S		1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	- ZIP  ADORESS	*.C 1.C . (3) TV	☐ Change	
STREET ADDRESS CITY-ST-ZIP	P PEARL, GARY P 1200 E. GLEN AVE. PEORIA HEIGHTS IL S HAGEMANN, JAMES M.	□ DELETE	1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	- ZIP  ADORESS	*.C 1.C 1.32 TV	. – .	Addition
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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 of 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR