

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90002 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P20514

1. Corporation Name
DRISKILL INVESTMENTS LTD. CORPORATION



Principal Place of Business: 4600 OCEAN BV BOYNTON BCH FL 33435
 Mailing Address: 4600 OCEAN BV BOYNTON BCH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1988
 4. FEI Number: 11-2204037
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 4333 North Ocean Blvd. Apt. DS 4, Delray Beach, FL 33483
 2a. Mailing Address: 4333 North Ocean Blvd. Apt. DS 4, Delray Beach, FL 33483

9. Name and Address of Current Registered Agent: DRISKILL, WALTER S. 4600 OCEAN BLVD. BOYNTON BEACH FL 33435
 10. Name and Address of New Registered Agent: 81 Name: Lucienne Driskill, 82 Street Address: 4333 North Ocean Blvd., 83 Apt. DS 4, 84 City: Delray Beach, FL, 85 Zip Code: 33483

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: Lucienne Driskill, DATE: 4/28/99

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	DRISKILL, WALTER S.	
STREET ADDRESS	4333 N. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DRISKILL, LUCIENNE B.	
STREET ADDRESS	4333 N. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARNARD, RONALD L.	
STREET ADDRESS	33 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Driskill, Lucienne
2.3 STREET ADDRESS	4333 North Ocean Blvd. Apt. DS 4
2.4 CITY-ST-ZIP	Delray Beach, FL 33483
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Lucienne Driskill, DATE: 4/28/99, Daytime Phone #: 561-278-3093

CR2E034 (1/98)