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DOCUMENT # P95000058265								cretar				8
1. Entity Name ILLUSTRATED PROPERTIES INTERNATIONAL INC.								-15-2002 90			-	¥
Principal Place of Business 2401 PGA 8LVD 196 STE PALM BEACH GARDENS FL 33410 US			Mailing Address % RODNEY J. DILLARD 1200 S. FLAGLER DRIVE. SUITE 201 WEST PALM BEACH FL'33401 US									
2. Principal Place of Business			3. Mailing Address			\neg				(i E ll o i Biti 18 0 l	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_		DO NOT WR	ITE IN THIS SE	PACE		
City & State			City & State			4.	El Number	NOT APP	LICABLE		pplied For]
Zip	Country		Zip	Country	/	5	Certificate of	Status Desired	- N \$	8.75_Add	ot Applicable ditional	1
	6. Name and Addre	ss of Current Re	gistered Agent					ddress of New		ee Require	d	4
DILLARD, RODNEY					Name Ro Street Addres Z 40	du.	ey v	S Not Acceptable	far a	/		- - - -
	Ž			r	City PA/	n 13	ench	GALDEN	c FL	Zip Cod	° /	1
Tax filing	Signature, typed or printed name oration is eligible to satist requirement and elects tria on back)	y its Intangible	FILE NOW! After May 1, 200 Make Check Payab	!! FEE IS 02 Fee w	III be \$550.0	0	10. Elect	on Campaign Fi		\$5.0	May Be	}
11.		FFICERS AND DIF	RECTORS	12.		AD	DITIONS/C	HANGES TO OF			S IN 11	1_
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13. 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 report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FIGHING OFFICER OR DIFFECTOR

Date

Date

Date

Date

Date

Description Priorical Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplied to the information indicated on this report of supplied to the information indicated on this report of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the corporation of the corporation or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME PRIOR DESCRIPTION OF THE CORPORATION OF THE CORPOR

Jan: 5, 62