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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Suite Apt. # etc 27	\$a. Date of Lest I 04/09/1996	Report Applied For Yot Applicable Additional Required May Be of to Fees
### Principal Place of Business ### Name #### Name ####################################	\$a. Date of Lest I 04/09/1996	Report Applied For Yot Applicable Additional Required May Be of to Fees
2. Principal Place of Business 28. Mailing Address 36-27 10474 Suite Apt. # otc 5. Certificate of Status Desired 22 City & State Country 27. City & State 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Provided Statutes 7. Provided Statutes 7. Provided Statutes 7. Name and Address of Current Registered Agent 7. Name and Address of New Riving 19. Name and Address of Current Registered Agent 8. Street Address (P.O. Box Number is Not Accepta 19. Name and Address of New Riving 19. Name and Address of New Rivi	\$8.75 Fee R \$5.00 Added Intangible tax under s	Not Applicable Additional Required May Be I to Fees
25 Suite. Apt # etc Sui	\$8.75 Fee R \$5.00 Added Intangible tax under selections in the selection i	Not Applicable Additional Required May Be I to Fees
Suite, Apt. # etc. Suite, Apt. #, etc. 27	Fee R \$5.00 Added intangible tax under	Required May Be to Fees
City & State Zip Country Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for Florida Statutes Florida Statutes 9. Name and Address of Current Registered Agent MCMEEKIN, RICHARD L 34 QUALL LANE JACKSONVILLE BEACH 32250 81 Name 10. Name and Address of New Richard B2 Street Address (P.O. Box Number is Not Accepta B3 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Accepta B4 Street Address (P.O. Box Number is Not Acce	Added intangible tax under	to Fees
Zip Country Zip Country Zip Country B. This corporation has liability for Florida Statutes B. Name and Address of Current Registered Agent MCMEEKIN, RICHARD L. 34 QUAIL LANE JACKSONVILLE BEACH 32250 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accessing agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Special or practical corpus of registered agent and bill of applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE NAME SIBERT ADDRESS CHYST-ZIP DIXON IL 14 DITY-ST-ZIP DIXON IL	Yes 🔣 No	s. 199.032,
MCMEEKIN, RICHARD L 34 QUAIL LANE JACKSONVILLE BEACH 32250 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accession. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SUBMEDITION OF FIGURE AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICE NAME SIBERT ADDRESS OHY, ST. ZIP DIXON IL 14 DITY-ST-ZIP	egistered Agent	
34 QUAIL LANE JACKSONVILLE BEACH 32250 82 Street Address (P.O. Box Number is Not Accepta 83 84		
JACKSONVILLE BEACH 32250 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accessing familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE NAME SIBERT ADDRESS OHT, ST-ZIP DIXON IL 14 CITY-ST-ZIP	<u></u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accessing agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE STRUCTURE TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE NAME DELETE 1.1 TITLE NAME CECIL,ROBERT D SIBERT ADDRESS DITC ST- ZIP DIXON IL 14 CITY-ST- ZIP	ble)	}
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accessing the amount of the obligations of section 607.0505. Florida Statutes. SIGNATURE Structure. 151-21 or printed corporation's registered agent and tall if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE NAME SIRECT ADDRESS CHY. ST. ZIP DIXON IL 1.3 STREET ADDRESS DIXON IL 1.4 CITY-ST-ZIP		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accessing the application of the provisions of the provisions of the statutes. SIGNATURE Structure, 151-21 or present of corporation of registered agent and tall if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE NAME SIRECT ADDRESS CHY. ST. ZIP DIXON IL 1.4 CITY-ST- ZIP	85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accession. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature has to printed torus of registered agent and talled applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE ADDITIONS OF AD	FL	
SIGNATURE Signature: 1512-1 or printed forms of registered agent and fallo II applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE NAME NAME CECIL, ROBERT D 12 NAME SIBERT ADDRESS ON ILLINOIS STREET 13. STREET ADDRESS ON 13. STREET ADDRESS ON 13. STREET ADDRESS ON 14. DIY-ST-ZIP	purpose of changing pt the appointment a	its registered is registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE NAME NAME CECIL, ROBERT D SIBERT ADDRESS 3987 W ILLINOIS STREET DIXON IL. 14 CITY-ST-ZIP		
TITE PTD DELETE 1.1 YITUE NAME CECIL,ROBERT D 12 NAME SIBEEL ADDRESS 3967 W ILLINOIS STREET 1.3 STREET ADDRESS CHY-ST-ZIP DIXON IL 1.4 CHY-ST-ZIP	DATE	
NAME CECILROBERT D 12 NAME SIBER LADDRESS 3967 W ILLINOIS STREET 1.3 STREET ADDRESS CHY-ST-ZIP DIXON IL 1.4 CHY-ST-ZIP	CERS AND DIRECTO Change	
STHEEL ADDRESS 3967 W ILLINOIS STREET 1.3 STREET ADDRESS DIXON IL 1.4 CITY-ST-ZIP	☐ Cuange	LJ ADDIRON (
CHY-ST-ZIP DIXON IL 14 CHY-ST-ZIP		
		1
THLE VSD DELETE 21 TIFLE	☐ Change	
NAME CECIL, CHARLES H 22 NAME		(
STREET ADDRESS 966 STONEHAVEN DR 23 STREET ADDRESS		}
CHY-S1-ZIP	Change	Addition
DELETE 3.1 TITLE DIAME ETNYRE, MARY S. 3.2 NAME	C., Onlinge	
STHEET ADDRESS 4141 N ROCKTON AVE,C-106 33 STREET ADDRESS		
CITY-SI-ZIP ROCKFORD IL 3.4 CITY-ST-ZIP		
THE DELETE 4.1 TITLE	Change	Addition
HAME 4.2 NAME		}
STREET ADDRESS 4.3 STREET ADDRESS		ł
CITY-ST-7/P 44 CITY-ST-7/P 5.1 TITLE 5.1 TITLE	Change	Addition
NAME 52 NAME	End ownigo	
STREET ADDRESS 5.3 STREET ADDRESS		}
CITY - \$1 - 70' 54 CITY - \$7 - 71P		
TILLE DELETE 6.1 TITLE	Change	Addition
NAME 6.2 NAME		}
STHEET ADDRESS 6.3 STREET ADDRESS		
CNY-SL-7/P 14. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute 15. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute 16. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 17. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 18. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 18. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 18. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 18. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 18. Tdo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 18. Tdo hereby certification in the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statute 18. Tdo hereby certification in the information supplied with the section in the information supplied with the section of the information supplied with the section of the information supplied with the section of the information supplied with the information supplied with the information supplied with the section of the information supplied with the information		at the

r supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 02 1997 8:00am

0503869