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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762683

(1)

1. Corporation Name

IXIL FUND, INC.

Principal Place of Business

2273 ATRIUM CIRCLE  
ORLANDO FL 32808

Mailing Address

2273 ATRIUM CIRCLE  
ORLANDO FL 32808



3. Date Incorporated or Qualified

03/31/1982

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, ALBERT L., ESQ.  
SUITE #201  
630 NORTH BUMBY AVENUE  
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

WEGNER, VANCE LESTER

STREET ADDRESS

2273 ATRIUM CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

VD

☐ DELETE

NAME

AHLIN, ARTHUR

STREET ADDRESS

5235 DONALD STREET

CITY - ST - ZIP

EUGENE OR

TITLE

STD

☐ DELETE

NAME

WEGNER, MARSHA

STREET ADDRESS

2273 ATRIUM CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

D

☐ DELETE

NAME

AHLIN, NANCY

STREET ADDRESS

5235 DONALD STREET

CITY - ST - ZIP

EUGENE OR

TITLE

D

☐ DELETE

NAME

LONG, TOM

STREET ADDRESS

1530 ALBAMA DRIVE

CITY - ST - ZIP

WINTER PARK, FL 00000

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

(407) 296-9159

CR2E037 (12/95)