**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 047106



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90095 026 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	Name 74/100							
Principal Place	e of Business	Mailing Address						· · ·
C/O AMBERJACK, LTD.  AMBERJACK, LTD.								
40 N. CENTRAL AVE. POST OFFICE BOX 614 PHOENIX AZ 85004-1429 BLOOMINGTON IL 61702				DO NOT WRITE IN THIS SPACE				
FRUEINA NZ 00	9004-1423	US			3. Date Incorporated or Qualifed		-	
					10/13/1980			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		<del></del>	lied For
21		26			37-1060672			Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> Ad Fee Req	
22 City & Ctate		City & State			Clastica Compaign Financing	=	\$5.00 N	<del></del>
City & State	e	28			Election Campaign Financing     Trust Fund Contribution		Added to	
Zip	Country	Zip	Country		8. This corporation owes the curren	t year Intang	jible	
25		29 3	30		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	gistered Ag	ent	
200	TED 1401 1444 E		81	Name				
DOSTER, WILLIAM E % LOWNDES, DROSDICK, DOSTER, KANTOR ETAL. 215 NORTH EOLA DRIVE ORLANDO, FL 32801		VANTOD CTAI	82 Street Add		ss (P.O. Box Number is Not Acceptable	e)		
		NAMION EIAL						
			83					
			84	City		FL	85 Zip C	ode
		0 1007 1500 51-11-01-11-	. 45-2 - 5-2		oration submits this statement for the pu		ina its r	registered
office or re agent. I at	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of registered ager.	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by da Statutes	the corporation	when reinstating)	DATE	ient as rog	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PT	☐ DELETE	1.1 TITLE				_ Change	☐ Addition
NAME	BROWN, NEIL O		1.2 NAME					
STREET ADDRESS	42 PENDLETON WAY			ADDRESS				į
CITY-ST-ZIP	BLOOMINGTON IL		1.3 STREET	, ADDINESS				į
TITLE	VS		1.4 CITY-S				7 Change	Addition
NAME	_	☐ DELETE	1.4 CITY-S' 2.1 TITLE			Ć	_ Change	Addition
	MOSER, KURT G	☐ DELETE	1.4 CITY-S' 2.1 TITLE 2.2 NAME	T-ZIP		Ĺ	Change	☐ Addition
STREET ADDRESS	MOSER, KURT G ROUTE 3	☐ DELETE	1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP		Ĺ	Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE	Moser, Kurt G Route 3 Bloomington IL Yas	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T-ZIP			- · ·	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	MOSER, KURT G ROUTE 3 BLOOMINGTON IL YAS JOHNSON, EARLE B., JR.		1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T-ZIP			- · ·	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MOSER, KURT G ROUTE 3 BLOOMINGTON IL VAS JOHNSON, EARLE B., JR. 1205 VALENTINE DRIVE		1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS			- · ·	
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14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 1 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:

2/26/99 309-766-436/