SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FORDODOGOSO (7)

APPROVED AND FILED



1797 JUL 25 PH 12: 22

SECHETARY OF STATE TALLAMASSEE, FLORIDA

1. Corporation INDIAN		TION, INC.		0000	(1)							
Principal Place	a of Busines			Mailing Address								
Principal Place of Business				-								
780 N. FRONTAGE RD SUITE 101				760 N. FRONTAGE RD Suite 101								
WILLOWBROOK IL 60521				WILLOWBROOK IL 60521					DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified	3a. Da	ite of Last Re	eport
									12/12/1995	02/	26/1996	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		+	plied For
21				26				}	36-3918652		····	t Applicable
Suite, Apt. #, etc.				Suite, Apt #, etc.				- 1	5. Certificate of Status Desired		\$8.75 A	
City & State				City & State				\dashv	6 Election Compaign Singuism			
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country				Zip Country			/	\neg	8. This corporation owes or has p			
24	25		29	29 30		10	, '		Personal Property Tax due Jun	~	_/ : _] No
9. Name and Address of Current									10. Name and Address of New R		Agent	
RING	BLOOM, H	ζ,				81	Name		=======================================			
8876 LELY ISLAND CIRCLE				L _R			Street A	Addres	ddress (P.O. Box Number is Not Acceptable)			
NAPLES FL 33962				82 Street				100,00				
						63						
						84	City				85 Zip (`ode
							FL					
11. Pursuant office or ragent. La	to the provis egistered ag m fam iliar wi	ions of Sections 607.050 jent, or both, in the State th, and accept the oblig	2 and of Florations of the state of the stat	607.1508, Flori rida. Such char of, Section 607	da Statutes nge was au 1.0505, Flori	s, the abov thorized b ida Statute	e-named o y the corp s.	corpor oratio	ration submits this statement for the n's board of directors. I hereby acce	purpose of opt the app	changing its ointment as	s registered registered
SIGNATURE												
12.	Signature, typed	or printed name of registered age OFFICERS AN			(NOTE:	13.	ent signature r	required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTOR	C IM 12
TITLE	PD	OF TOLIS AIN	וויוכו כו		ELETE	1.1 THILE	····		ADDITIONS/CHANGES TO OFF	OLINO AIVE	Change	Addition
NAME		OM, KENNETH R				1.2 NAME	1		2000022		-	
STREET ADDRESS		RONTAGE RD					ADDRESS		3000022 -08/05/	9701	ัก ว ัรก	ion 🔭 📗
CITY-ST-ZIP	HELLOUIS DOOL IL ANDAL						1.3 STREET ADDRESS		総数数数16	ຮັດດັ	****16	ຮັກດ
TITLE	SD	5/10 0 / 12 00 E I		D	ELETE	2.1 TITLE	51-21r		7444410	0.00	Change	Addition
NAME		KIMBERLY				2.2 NAME	1					
STREET ADDRESS		RONTAGE RD				2.3 STREET	ADDRESS					
CITY-ST-ZIP		3ROOK IL 60521				2. 4 CITY-						
TITLE	V			Di	ELETE	3.1 TITLE	J. E.				Change	Addition
NAME	GRAY, LI	SA				3.2 NAME						
STREET ADDRESS		RONTAGE RD				3 3 STREET	ADDRESS					
CITY-ST-ZIP	WILLOWE	3ROOK IL 60521				3 4. CITY-	ST-ZIP					
THLE ;	1			□ Di	ELETE	4.1 TITLE					Change	Addition
NAME `	RINGBLO	OM, DARLENE				4. 2 NAME	Ì					
STREET ADDRESS		RONTAGE RD				4.3 STREET	ADDRESS					ĺ
CITY-ST-ZIP		BROOK IL 60521				4.4 CITY - S	ST-ZIP					
TITLE				□ Di	ELETE	5.1 TITLE					Change	Addition
NAME						5.2 NAME						
STREET ADDRESS						5.3 STREET	ADDRESS					1
CITY-ST-ZIP						5,4 CITY - S	ST-ZIP					
TITLE				□ DI	ELETE	6.1 TITLE					☐ Change	Addition
NAME						6.2 NAME					.148	191
STREET ADDRESS				6.3 STREET ADDRESS						N/Y	M), IQ	
						1	1				. 11.	J

64 CITY-ST-ZIP

14. I do 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 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 corpyalation 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 3 if changed, or an attachment with an address.

SIGNATURE:

SIGNATURE:

DI Kim L. Morris

630/655-42XY 7/21/97

LAW OFFICES

KIM L. MORRIS & ASSOCIATES

SUITE 101 760 N. FRONTAGE RD. WILLOWBROOK, ILLINOIS 60521 (630) 655-4244 FAX (630) 655-6314

July 21, 1997

Department of State Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

Re: Document No. F95000006060 (7) Indian Acquisition, Inc.

Dear Sir/Madam:

Enclosed is the annual report for the above referred corporation and the regular filing fee of \$165.00. The lesser amount, without late fee, is being sent today pursuant to the instructions of your department based upon the representation that my client did not receive the first notice of the annual report being due. Please advise as to the acceptability of the fee without late charge.

Vim T Mannia

KLM:tag

CC: Indian Acquisition, Inc.