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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90055 014 ***150.00

· Corporation	MENT # F970000 LAKE CORPORATION	005017							
Principal Place of Business Mailing Address						I ABBIAGO (ANGLIGADA) ABBIA G	ISI uu sii uu ii	<u> </u>	.IUII 1061 IUUI
% ING BARINGS 11100 SANTA MONICA BLVD. LOS ANGELES CA 90025 **ING BARINGS 11100 SANTA MONICA BLVD. LOS ANGELES CA 90025 LOS ANGELES CA 90025			D.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					ĺ	09/25/1997			1
2. Principal Place of Business 2a. Mailing Address				<u> </u>		4. FEI Number		Apr	plied For
27 C/O ING Reater Partners 26 C/O ING-RO				laAn	115	95-4648726			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75-A	
22 27								Fee Rec	
City & State City & State						6. Election Campaign Financing		\$5.00 t Added to	· .
23	Country Zip Co					Trust Fund Contribution	ent voor b) F862
Zip	Country	├ ── '	Country 30			8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes □ No			□No I
24	9. Name and Address of Current I		30			10. Name and Address of New I	Registere	/	
	The state of the s		81	Name					
CORPORATION SERVICE COMPANY				Stroot A	\ ddros	s (P.O. Box Number is Not Accept	able)		
1201 HAYS STREET				Sueer	100163	S (F.O. DOX Hallings) is Not Accept	10107		
TALLAHASSEE FL 32301-2525			83						
			84	City				85 Zip C	ode
			†				F	L	
office or r	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was at ns of, Section 607.0505, Flor	Jinofized DV	tne corpo	ration	s board of directors. Thereby acce	of the app	ointment as reg	istered
12.	Signature, typed or printed name of registered agent and little if applicable. OFFICERS AND DIRECTORS		13.		-	ADDITIONS/CHANGES TO OF	FICERS A	AND DIRECTOR	RS IN 12
TITLE	PD	☐ OELETE	1.1 TITLE					Change	☐ Addition
NAME	MCSWEEN, ROBERT D		1.2 NAME			th	. 4	(1
STREET ADDRESS	135 E. 75TH AVE.		1.3 STREET ADDRESS		13:	5 E.57th str	et		1
CITY-ST-ZIP	NEW YORK NY 10022		1.4 CITY-ST						
TITLE	VD	☐ DELETE	2.1 TITLE					Change	Addition
NAME	MUTH, BRAD		2.2 NAME						
STREET ADDRESS	010 14 11101110111111111111111111111111		2.3 STREET	ADDRESS				_ · •	
CITY-ST-ZIP	CHICAGO IL 60611			T- ZIP				Channa	Addition
TITLE	VD	☐ DELETE	3.1 TITLE	1				Change	
NAME	WICKSER, JOHN		3.2 NAME						
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP	LOS ANGELES CA 90025	☐ DELETE	3.4. CITY-S 4.1 TITLE	I-ZP				Change	Addition
TITLE	OTHOLEA DVAD		4. 2 NAME						
NAME STREET ADDRESS	QUIGLEY, DAVID 11100 SANTA MONICA BLVD.		4.2 NAME	ADDRESS					
	LOS ANGELES CA 90025		4.4 CITY-S						J
CITY-ST-ZIP	S	☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME	ENSBURY, LINDA		5.2 NAME						
STREET ADDRESS	11100 SANTA MONICA BLVD.		5.3 STREET	ADDRESS					
CITY-ST-ZIP	LOS ANGELES CA 90025		5.4 CITY-S	r-ZIP					
TITLE	T	☐ DELETE	6.1 TITLE					Change	Addition
NAME	MOHAMMED, YASMIN		6.2 NAME						ļ
STREET ADDRESS	11100 SANTA MONICA BLVD.			ADDRESS					.]
	LOS ANGELES CA DOOSE		6.4 CITY-S	Γ-ZIP					{

14. 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 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:

310-966-2000