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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

ILS TAY ACCOUNTING INC

0.5. IAX	ACCOUNTING, INC.						
Principal Place	of Business	Mailing Address			- I (BBCE)) dian anina mana ahisi aassa aris aras a	1911 B1911 B1811 B1	# 15 # 15 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #
C/O HILLIS. JAY. D 869-B 97TH AVE N NAPLES FL 33963 US		C/O HILLIS. JAY. D 869-B 97TH AVENUE NORTH NAPLES FL 33963 US	869-B 97TH AVENUE NORTH NAPLES FL 33963		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/16/1985		
	(B	2a. Mailing Address			4. FEI Number	Anr	olied For
					59-2519089	<u> </u>	Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
					5. Certifcate of Status Desired	Fee Red	
City & State	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	
Zip Country Zip C			Country	y	8. This corporation owes the current year In		_
24 34108-2284 25 29 34108-2284 30					Personal Property Tax.		□No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	Agent	
	5		81	Name			
HILLIS, JAY D 869-B 97TH AVENUE N			82	82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 33963			83	3	•		
			84	City	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registere	agent and title if applicable. (NOTE: Re	gistered Age	ent signature required	when reinstating) DATE .		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE			Change	∡Addition
NAME	HILLIS, JAY D.		1.2 NAME				j
STREET ADDRESS	869-B 97 AVE N. 1.31		1.3 STREE	ET ADDRESS			~C)
CITY-ST-ZIP	NAPLES FL 14		1.4 CITY-	ST- ZIP			08
TITLE		☐ ĐELETE	2.1 TITLE	1		Change	☐ Addition
NAME	0000		2.2 NAME	1			
STREET ADDRESS			2.3 STREI	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
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NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-			Change	Addition (
TITLE	_		4.1 TITLE	}			(7) Hadinon
NAME			4. 2 NAME	i			
STREET ADDRESS				ET ADDRESS			•
CITY-ST-ZIP		□ DELETE	4.4 CITY			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	ŧ		nango	
NAME				ET ADDRESS			
STREET ADDRESS			5.4 CITY-	ı			
CITY-ST-ZIP			6.1 TITLE			☐ Change	Addition
TITLE .			6.2 NAME	Į.			_
NAME STREET ADORSES				ET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP