

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L95554** (6)
1. Corporation Name
ILLUSION UNLIMITED CORP.



Principal Place of Business 10011 SW 9TH CT PEMBROKE PINES FL 33025	Mailing Address 10011 SW 9TH CT PEMBROKE PINES FL 33025-0800
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2. Principal Place of Business 21 2383 West 77 Str.		2a. Mailing Address 26 2383 West 77 Str.		3. Date Incorporated or Qualified 08/23/1990	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0213555	Applied For <input type="checkbox"/> Not Applicable
22 City & State Hialeah FL		27 City & State Hialeah FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33016		28 Zip 33016		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country DADE		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REYNOLDS, LEROY R. 10011 SW 9TH CT PEMBROKE PINES FL 33025		10. Name and Address of New Registered Agent 81 Name Reynolds, MARIA 82 Street Address (P.O. Box Number is Not Acceptable) 10011 SW 9th Ct 83 84 City Pembroke Pines FL 85 Zip Code 33025	
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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 *Maria Reynolds* DATE **4/8/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Reynolds, LEROY R.
STREET ADDRESS		1.3 STREET ADDRESS	10011 SW 9th COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Reynolds, MARIA
STREET ADDRESS		2.3 STREET ADDRESS	10011 SW 9 CT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: *Maria Reynolds* DATE **4/11/97** DAYTIME PHONE # **954 450 0769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)