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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	JAL REPORT 1997	Secretary of State DIVISION OF CORPORATIONS		Secreta	Secretary of State	
DOCU 1. Corporation PIERVAL	MENT # M88886 L CORP.	6 (0)				
· 6						
Principal Plac	ce of Business	Mailing Address		<del></del>   10018011101161011011101101101	UK 0787 0100 0100 0100 0100 0100 0100 0100	
#77 BAYSHORE DR. #1503 12971 W SANCTUARY				j		
FORT LAUDER	DALE FL 33304	LAKE BLUFF IL 60044				
				3. Date Incorporated or Qualified	1	
				07/11/1988	04/25/1996	
	Place of Business  Sw 15 AVE	2e. Mailing Address		4, FEI Number	Applied For	
Sulte, Apt.		Suite, Apt. #, etc.		65-0070582	Not Applica  S8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be	
	LAUDERDME E	28		Trust Fund Contribution	Added to Fees	
Zip 24 333	25 USA  9. Name and Address of Current		Country 30	8. This corporation has liability to Florida Statutes	Yes No	
DAN	INER, ANN M.	negistered Agent	81 Name	10. Name and Address of New I	1egistered Agent	
	BAYSHURE DRIVE #1503		1 1			
FT. LAUDERDALE FL 83304			82 Street 15/5	not Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zip Code	
			Mar	A LAUDERDAIE	<b>     </b>	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	l and 607.1508, Florida Statutes of Florida. Such change was au	s, the above-named ithorized by the core	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its register ept the appointment as registere	
<b>ag</b> ent. I a	im familiar with and accept the obligat	tions of, Section 607.0595, Flor	ida Skitutes.	,		
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable (NOTE	Bogistored Agent signal re	o required when reinstating)	4-9-97 DATE	
12.	OFFICERS AND		13.		ICERS AND DIRECTORS IN 12	
TITLE	OP .	DELETE	1 1 TITLE		☐ Change ☐ A	
NAME	ADAMS, M. SHELTON		1.2 NAME			
STREET ADDRESS	12971 W SANCTUARY CT		1.3 STREET ADDRESS	ļ		
CITY-ST-ZIP	LAKE BLUFF IL 60044 DVP	DELETE	1.4 CITY- \$1- ZIP		(20) · ·	
TITLE NAME	DANNER, ANN M.	בין טנגנונ	2.1 TITLE		Change	
STREET ADDRESS	777-BAYSHORE DRIVE-#1503		2.2 NAME 2.3 STREET ADDRESS	1515 Sw 15 AVE		
CITY-ST-2IP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP	En LAMERAGE FI	53312	
TITLE	8	☐ DELETE	3.1 TITLE	1515 SW 13 AVE FOR LANDERMANE FR	Change	
NAME	RYCKMAN, DONNA M.		3.2 NAME			
STREET ADDRESS	12971 W SANCTUARY CT		3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE BLUFF IL 60044		3.4. CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	4.1 TOLE		Change	
NAME OTDECT ACCOURAGE			4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY+S1-ZIP			5.4 C/TY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Change ☐	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		P.	
AUTANO 7P 1			■ 6 4 C ((V - C1 - 71D   1			

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 Statules. 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; to am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

**FILED** 

Apr 16 1997 8:00am