

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M91535 (8)

1. Corporation Name
ILANA, INC.



Principal Place of Business

% STRIDE RITE
10300 SOUTHSIDE BLVD., #204
JACKSONVILLE FL 32256
US

Mailing Address

% STRIDE RITE
10300 SOUTHSIDE BLVD., #204
JACKSONVILLE FL 32256
US

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

EPSTEIN, LARRY
11036 MILL POND COURT
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified	3a. Date of Last Report
07/28/1988	02/07/1995
4. FEI Number	Applied For
59-2900959	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	☒ Yes ☐ No
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
	EPSTEIN, LARRY N	11036 MILL POND CT	JACKSONVILLE FL 32257	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied by me in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 it made under oath, that I am an officer or director of the corporation or a shareholder or trustee or employee of the corporation. This report is required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Block 1 of changes or amendments filed with this address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)