FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

SIGNATURE:



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

		•		
I R	A IT N	ıT	44	DOZ

PAZ, I	MENT # P3726 NC.						
Principal Place	e of Business	Mailing Address					
522 N. OHIO MORTON IL		522 N. OHIO CT. MORTON IL 61550					
				3. Date Incorporated or Qualifi 01/24/1992	ed 3a.	Date of Last 04/11/1	
11	Place of Business	2a. Mailing Address 26		4. FEI Number 54-1383660		→	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	ı 🗀 🗀		Additional
City & Stat	le	City & State		6. Election Campaign Financin	a		Required May Be
3		28		Trust Fund Contribution			d to Fees
Zip 4	Country 25	Zip	Country	8. This corporation has liability	for intangible	tax under s.	. 199.032,
<u> </u>	9. Name and Address of Curre	29 29 Agent	30	Florida Statutes 10. Name and Address of Ne	Yes Yes		
			81 Name	TO. INCHES OF THE	u volistote	u Agent	
REYNOL	LDS, DOUG		82 Street A	Address (P.O. Box Number is Not Accep	atable\		
4875 NO	ORTH FEDERAL HIGHWAY		Street A	-concess (r.o. dox number is not Accep	hraniai		
FT. LAU	IDERDALE FL 33308		83				
			B4 City			. 85 Zi	p Code
II Daniel	A- N				FI	'	
				rporation submits this statement for the	purpose of c	hanging its r	registered offic
familiar wi	ith, and accept the obligations of Sec						
	, ,	otion 617.0503, Florida Statutes.		coard of directors. Thereby accept the a	арронилон а	20 TOGISTO OG	agont. Lam
		cilon 617.0503, Florida Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered ager	cilon 617.0503, Florida Statutes.	TE: Registered Agent signature red	culred when reinstating)	DATE		
SIGNATURE .	Signature, typed or printed name of registered agein OFFICERS AN	nt and title if a policable (NO	TE: Registered Agent signature rec		DATE		
SIGNATURE . 12. ITLE	Signature, typed or printed name of registered agein OFFICERS AND DONAIS, BRIAN	IND DIRECTORS	TE: Registered Agent signature rec	culred when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. ITLE IAME TREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D DONAIS, BRIAN 9955 SE WASHINGTON, STE	IND DIRECTORS	TE: Rogistored Agent signature rec 13.	culred when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STEPORTLAND OR	Interval 517, USOS, Florida Statutes. Interval 516 of a pincable (NO NO DIRECTORS DELETE	TE: Pagistored Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	culred when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 112. ITLE VAME STREET ADDRESS CITY-ST-ZIP ITLE	Signature, typed or printed name of registered ager OFFICERS AN D DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR D	IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	culred when reinstating)	DATE	ND DIRECTO	DRS IN 12
IZ. ITLE IAME ITREET ADDRESS ITY-SI-ZIP ITLE IAME	OFFICERS AND OFFICERS AND OFFICERS AND OPFICERS AND OPFIC	IN DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME	culred when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND OPFICERS AND OPFICE AND OPFICERS AND OPFICER	IN DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	culred when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. ITLE IAME STREET ADDRESS SITY - ST - ZIP ITLE IAME TREET ADDRESS SITY - ST - ZIP	OFFICERS AND OFFICERS AND OFFICERS AND OPFICERS AND OPFIC	IND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	culred when reinstating)	DATE	ND DIRECTO Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. ITLE IAME STREET ADDRESS ITY-ST-ZIP ITLE	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL	IN DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.3 STREET ADDRESS 4.4 CITY - ST - ZIP 3.1 TITLE	culred when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. ITLE ITLE ITLE ITLE ITLE ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME AME AME AME AME	Signature, typed or printed name of registered agent OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL	IND DIRECTORS DELETE DELETE	TE: Rogistored Agent signature re- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	culred when reinstating)	DATE	ND DIRECTO Change Change	OFIS IN 12 Addition Addition
SIGNATURE 12. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TAME	OFFICERS AND OFFICERS AND OFFICERS AND OONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL	IND DIRECTORS DELETE DELETE	TE: Pogistored Agent signature rol 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 T TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 T TITLE 3 2 NAME 3 3 STREET ADDRESS	culred when reinstating)	DATE	ND DIRECTO Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE	TE: Rogistored Agent signature re- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	culred when reinstating)	DATE	ND DIRECTO Change Change	OFIS IN 12 Addition Addition
SIGNATURE 12. ITLE IAME ITRET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE	TE: Pogistored Agent signature re- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 T TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	culred when reinstating)	DATE	□ Change □ Change	OFIS IN 12 Addition Addition Addition
SIGNATURE 12. IIILE	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE	TE: Pogistored Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 T TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY - ST - ZIP 41 TITLE	culred when reinstating)	DATE	□ Change □ Change	OFIS IN 12 Addition Addition Addition
SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE DELETE	TE: Pogistored Agent signature rol 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 T TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 T TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	culred when reinstating)	DATE	Change Change	OFIS IN 12 Addition Addition Addition
GIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE	TE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	culred when reinstating)	DATE	□ Change □ Change	OFIS IN 12 Addition Addition Addition
ICE AME TREET ADDRESS ITY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE DELETE	TE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	culred when reinstating)	DATE	Change Change	OFIS IN 12 Addition Addition Addition Addition
SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4. CITY-ST-ZIP 5. TITLE 5. NAME 5. 3 STREET ADDRESS	culred when reinstating)	DATE	Change Change	OFIS IN 12 Addition Addition Addition Addition
SIGNATURE 12. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	DELETE	TE: Pogistored Agent signature rol 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	culred when reinstating)	DATE	Change Change Change	OFIS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	IND DIRECTORS DELETE DELETE DELETE	TE: Pogistored Agent signature rec 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	culred when reinstating)	DATE	Change Change	OFIS IN 12 Addition Addition Addition Addition
SIGNATURE 12. ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME	OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT.	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	culred when reinstating)	DATE	Change Change Change	OFIS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME V	OFFICERS AND OFFICERS AND OFFICERS AND DONAIS, BRIAN 9955 SE WASHINGTON, STE PORTLAND OR DHRUBIK, JEFFREY C.P. 232 68.100 SANTAREM PARA BRAZIL DHODEL, GAIL 522 N. OHIO CT. MORTON IL	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME	culred when reinstating)	DATE	Change Change Change	DHS IN 12 Addition Addition Addition Addition Addition

GAIL HODEL 4-17-96 309-263-2299

GNING OFFICER OR DIRECTOR

Date

Destruction

Dest