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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90051 027 ***150.00

DOCUMENT	#	P41	004
Corporation Name			.

	R PROPERTIES, INC.								
Principal Place	e of Business	Mailing Add	dress			119	INCOME CAN MINIST IN DES MONTE MASTE ANT	MI MYMAN MAMAN MAMAY MAMAY	81811 81911 1991
555 SKOKIE BLVD SUITE 555 NORTHBROOK IL 60062 STATE OF THE STATE OF									
					DO NOT WRITE I	IN THIS SPACE			
						3. Date Inc.	orporated or Qualifed		_
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Nur	nber	A	pplied For
1		26				36-369	9602	N	ot Applicable
Suite, Apt.	#, etc.	Suite, A	tpt. #, etc.		•	5 Cortifes	te of Status Desired	¥	Additional
2		27				- 0. 0071100		Fee R	equired=
City & State	e	City & S	State				Campaign Financing		May Be
13		28	<u>-</u> .				ind Contribution	Added	to Fees
Zip	Country	Zip		Count	ry	1	poration owes the current	year Intangible ☐ Yes	□No
24	25	29		30			i Property Tax.		
	9. Name and Address of Curr	rent Registered Ag	gent	8	1 Name	10. Name a	nd Address of New Regi	istered Agent	<u> </u>
СТ	CORPORATION SYSTEM			°	INGILIE				
	SOUTH PINE ISLAND ROAD			8	2 Street A	Address (P.O. Box	Number is Not Acceptable)	
	NTATION FL 33324			<u> </u>				* ****	
PLAN	NIATION PL 33324			*	3				
				8	4 City		·	85 Zip	Code
				1				FL S	1-1-1-1
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such	change was a	autnorized (ov the corpo	corporation submit tration's board of d	this statement for the pur rectors. I hereby accept th	ne appointment as re	egistered
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such ligations of, Section	change was a 607.0505, Fk	autnorized t orida Statute	es.	equired when reinstating)	rectors. Thereby accept to	DATE	
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officer or director of the corporation or the receiver or trustee empowered 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.

SIGNATURE:

1/6/99

(847) 480-4690