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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600056960 (3)

FILED 97 JUL -8 AM 8: 40

ILFC DISTRIBUTORS					JALLA JALLA	HASSEE, FL	TATE ORIDA	
Principal Place of Business		Mailing Address			1 100 (100 (100 100 (100 100 (100 100 (100)(100 (100	FU (40 UU (41 UU (11 UU) 13 UU (13 UU) 14 UU)	0011 (DB)
2819 ROUSE RD. 2819 ROUSE RD. ORLANDO FL 32817 ORLANDO FL 32817-2905								
					3. Date Incorporated of 06/25/1996	Qualified 3a.	Date of Last Ro	pporl
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			plied For
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			<i>-59</i> - 33 <i>9</i> 2	2/72	\$8.75 A	Applicable
22		27			5. Certificate of Status	Desired	Fee Red	
City & State		City & State			6. Election Campaign F	inancing	\$5.00	Мау Ве
Zip Country		7 Country			Trust Fund Contribut		Added to	
24 25	29	7	30	ry	8. This corporation has Florida Statutes	liability for intangit	ole tax under s. No	199.032,
	Address of Current Reg		100		10. Name and Address			
WILKINSON, GENE			8	1 Name				
2619 ROUSE RD.			8	2 Street	Address (P.O. Box Number is No	of Acceptable)		
ORLANDO FL 328	17		8	3				
			8	4 City		F	85 Zip C	ode
SIGNATURE	or sections 607,002 and or both, in the State of Fic and accept the obligations inted name of registered agent and I				d corporation submits this statement poration's board of directors. I have been supported when reinstating)	ent for the purpose proby accept the a	of changing its ppointment as r	registered registered
12.	OFFICERS AND DIRECTORS 13.			gorit signator	ADDITIONS/CHANGE		ND DIRECTORS	S IN 12
TITLE	DELETE		11 THLE				Change	Addition
NAME WILKINSON,			1.2 NAME					
STREET ADDRESS CITY-ST-ZIP CREANDO F				et address				į
CITY-ST-ZIP ONLANDO F	L 32011	DELETE	1.4 C(TY- 2.1 T(TLF				Change	Addition
NAME BRADSHAW,	JOHN L		2.1 MILT				L.1 Change	L ABOILION
STREET ADDRESS 901 DOUGLA	IS AVE.			Et address,	4 4 4 4 4 4	ra grana arma arma arma arma g	~ A ~24 .	
CITY-ST- IP ALTAMONTE SPRINGS FL 32714		2. 4 CITY		11113	17/11/25	-01114(106	
TITLE		☐ DELETE	3.1 TITLE			002231 07/41/97= ****165.00		5 Million
NAME V			3.2 NAME					
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS				
TITLE		DELETE	3.4. CITY 4.1 TITLE				Change	Addition
NAME		-	4. 2 NAM					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	S1-ZIP				
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
₹ ME			5.2 NAME					
EET ADDRESS ST-ZIP				1 ADDRESS				
701 - Zii		- Deleve	5.4 CITY- 6 1 TITLE				Change	Addition
·		☐ DELETE	0 1 11111					
·		☐ DHE1E	6.2 NAMI					
DRESS		□ DELETE	6.2 NAME			A		

nereby 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 nation 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 in 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 are in Block 12 or Block 13 if changed, or on an attachment with an address.