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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000058704 (3)

## **FILED** Apr 23 1998 8:00am Secretary of State

ILC ENIE	HPHISE, INC.						
Principal Place of	Business	Mailing Ac	dress				181 BITOT (8111 1881) (8811 8181 1881
87745 OVERSEAS		-	87745 OVERSEAS HIGHWAY				
WAREHOUSE 3		WAREHO	WAREHOUSE 3				
ISLAMORADA FL	<b>33U3</b> 6	ISLAMOR	ISLAMORADA FL 33036			DO NOT WRITE IN 1	HIS SPACE
						3. Date Incorporated or Qualified 07/11/1996	
2. Principal Place	of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	Applied For
21		26				65-0681331	Not Applicable
Suite, Apt. #, et	C.	<b>├</b> ──¬	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State				Fee Required
23		·	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Count	гу	8. This corporation owes or has paid th	
24	25	29		30		Personal Property Tax due June 30.	🔀 Yes 🔲 No
	Name and Address of Curr	ent Registered A	gent		т	10. Name and Address of New Registe	
	RT, JACQUELINE			8	1 Name		
	OVERSEAS HIGHWAY			8:	2 Street	Address (P.O. Box Number is Not Acceptable)	
	HOUSE 3			8:			
ISLAM	ORADA FL 33036			8	3		
				8	City	-	85 Zip Code
11. Pursuant to the	provisions of Sections 607 0	02 and 607 1508	Elorida Statute	s the abo	ve-named	corporation submits this statement for the purpo	FL of changing its registered
office or regist	ered agent, or both, in the Statential with, and accept the obli	e of Florida, Such	change was at	uthorized b	y the corp	corporation submits this statement for the purpo poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	acqueline	Cal her	<b>1</b> 007.0505, Fidi	ilua Siaiuii	35.		
Sign		gent and tils of applicable	d (NOTE	Registered A	gent signature	required whon reinstaling) DA	) F
12.	U OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	) }		DELET <b>e</b>	1.1 TITLE			Change Addition
	COLBERT, JACQUELINE	V 00		1.2 NAME			[
	17200 OVERSEAS HIGHWA SLAMORADA FL 33036	1, <b>U</b> Z		1	T ADDRESS		i
CITY-ST-ZIP 6	SCAMORADA PL 33030		DELETE	1.4 CITY -	ST-ZIP		
NAME		Į.	T) AFTERE	2.1 TITLE			L Change L Addition
STREET ADDRESS				2.2 NAME		i .	
CITY-ST-ZIP				2.4 CHY	T ADDRESS		
TITLE		·	DELETE	3.4 UHY	-31-715		☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				3.4. CITY			
TITLE			DELE <b>TE</b>	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET AODRESS				4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			Dec 25-	4.4 CITY-	ST-ZIP		
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				52 NAME	ſ		
STREET ADDRESS					1 ADDRESS		
CITY-ST-ZIP			DELETE	5.4 CITY-	ST-ZIP		
TITLE NAME		L	DELETE	6.1 TITLE			Change Addition
į				6.2 NAME			
STREET ADDRESS					I ADDRESS		
CITY-ST-ZIP  14. I hereby certify	that the information supplied	with this bling does	s not qualify for	6.4 CITY-		d in Section 119 07(3Vi). Florida Statutes, Lifurtho	r 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; that I am an 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.