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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90254 005 ***150.00

1, Corporation	ILLY LILLY, INC.	1026166							
Principal Place of Business Mailing Address							IN ITALA BILAT LIDIO		
345 ST ARMAND'S CIR 345 ST ARMAND'S CIR					}		•		
SARASOTA FL		SARASOTA FL 34236			•				
					DO NOT WRIT	E IN TH	IS SPACE		ר
					3. Date Incorporated or Qualifed 03/17/1997				ļ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For	1
21 & 9	A BOVE	26 A A A	3000	7	65-0749127		No	Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1	\$8.75 A	dditional	1
22		27		5, Certificate of Status Desired	W	Fee Re	quired]	
City & Stat	e	City & State			6, Election Campaign Financing		\$5.00	May Be	1
23		28	·	Trust Fund Contribution		Added to	Fees	1	
Zip Country —		Zip				ent year-l			- l
24			30)		Personal Property Tax. Yes NAGO 10. Name and Address of New Registered Agent				┨
	9. Name and Address of Currer	nt Registered Agent	81	l Na	10. Name and Address of New R	egistere	d Agent		┨
WAF	RHAM, STEPHEN	•	0'	Name					1
345 ST ARMAND'S CIR			82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)				}
SARASOTA FL 34236			83	 					-
O/111	A0017(1E 04200		63						
			84	City			85 Zip C	ode	1
- 		1007 4500 El O		L.,	E To be All to A to a Table 1	F	_		4
office or r	registered agent, or both, in the State m familiar with and accept the obliga	of Florida. Such change was automs of. Section 607.0505. Florida.	s, <i>me acov</i> thorized by da Statutes	the corpora	rporation submits this statement for the tion's board of directors. I hereby accept	the app	ointment as reg	istered	
SIGNATURE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X			•			9	ł
			Registered Age	nt signature requ	fred when reinstating)	DÁTE	16 19]
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS /			1
TITLE	_		1.1 TITLE				☐ Change	☐ Addition	
NAME	WARNHAM, STEPHEN		1.2 NAME						Ì.
STREET ADDRESS	345 ST ARMAND'S CIR		1.3 STREET ADDRESS						
CITY-ST-ZIP	<u>_</u>		1.4 CITY-S	T-ZIP				FT 4 1 800	1
TITLE		☐ DELETÉ	2.1 TITLE				☐ Change	Addition	1
NAME			2.2 NAME	[
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP				ST-ZIP					1
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						}	
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP				T Addition	4
TITLE	,	T DETELE	4.1 TITLE				Change	Addition	1=
NAME			4. 2 NAME						1
STREET ADDRESS			•	TADORESS					1
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP			Change	Addition	1
NAME				{			C1 Augude	LT MUNIOU	1
			5.2 NAME 5.3 STREE	T ADDRESS					
STREET ADDRESS			5.4 CITY-S	1					1
TITLE			6.1 TITLE				Change	Addition	1
NAME	•		6.2 NAME	ĺ				hand	
STREET ADDRESS			6.3 STREET	TADORESS					}

14. I hereby 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 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: