SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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CORPORATION Sandra B.	Morthern	and a second prop.
ANNUAL REPORT Secretary 1988 DIVISION OF CO		
DOCUMENT P9700068979 (8)		98 OCT 21 PH 12: 01
FLORILL, INC.		SECRETARY OF STATE
LOTALL, HO		
Principal Place of Business Mailing Address		
3321 W WYOMING CIR 3321 W WYOMING CIR TAMPA FL 33611 TAMPA FL 33611		
		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
		08/08/1997
2. Principal Place of Business 2a. Mailing Address 21 HOYY GANDY BIVD 26		4. FEI Number 3472495 Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	_	5 Certificate of Status Decired \$8.75 Additional
22 # 7 27		Fee Required
City & State City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 22/29 Country Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 HUSBOURD 29 3 9. Name and Address of Current Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
KHMARIN, POLINA	81 Name	IV. Name and Address of New Registered Agent
3321 W WYOMING CIR	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
TAMPA FL 33611		(10 10 X 10 10 10 10 10 10 10 10 10 10 10 10 10
	83	
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes,	the above-named corpor	ation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.		
SIGNATURE		ired when reinstating) DATE
Signature, typed or printed name of registered eyent and life if applicable. (NOTE 12. OFFICERS AND DIRECTORS	E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 80002574538—2 -10/28/98-01054-029
NAME Polina Khmarin	1,2 NAME	8000026745382
STREET ADDRESS 3321 W. WYOMING CIR CITYSTZP Tampa, FL, 33611	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	-10/28/9801054029 T X
TITLE VICE-PRESIDENT DELETE	2.1 TITLE	****550.00 change*530.00
NAME Mark Faktorogich	2.2 NAME	
STREET ADDRESS 342 E. FOX GILL CITY-ST-ZIP BUHALO GROVE, IL 60089	2.3 STREET ADDRESS	
TITLE SECRETORY DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME Pyote Schmaein.	3.2 NAME	
STREET ADDRESS 3321 W. WYOMING CIR	3.3 STREET ADDRESS	
TITLE TPESMELE DEFETE	3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME Reaina A. Faktorosich	4.2 NAME	Change Addition
STREET ADDRESS 342 & FOX WILL	4.3 STREET ADDRESS	
CITY-ST-ZIP Buffalo GROSE, 16 60089	4.4 CITY-ST-ZIP	
TITLE DELETE	5.1 TITLE 5.2 NAME	Change Addition
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE DELETE	6.1 TITLE	Change Addition
NAME STDEET ADDRESS	6.2 NAME 6.3 STREET ADDRESS	1 ha cuc ha
STREET ADDRESS CITY-ST-ZIP	6.4 CITY-ST-ZIP	10143 48 HR
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 is directed on the control product of the control product is true and accurate and that my signature shall have the same legal effect as if made under each 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.		