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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 15 1998 8:00am Secretary of State

Principal Place of Business 26803 W. APPLE TREE LANE BARRINGTON IL 30010 PGOUNTEN 1 # P9/000082292 (8) Mailing Address 26803 W. APPLE TREE LANE BARRINGTON IL 30010									
							DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	3 SPACE	
2. Principal P	lace of Busi	ness	2a. Mailin	2a. Mailing Address			09/22/1997 4. FÉI Number	A	pplied For
21			26				36 - 4185 476		ot Applicable
Suite, Apt.	#, etc.		·	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	Ð			City & State			6. Election Campaign Financing		May Be
Zip		Country	28	Zip Country			Trust Fund Contribution Added to Fees		
24		Country 25	29	, <u> </u>			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered		
FLORIDA INCORPORATORS, INC.						Name			
1221 BRICKELL AVE., STE. 900 MIAMI FL 33131					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
IMPANIE CE 00101					83				
					84	City		. 85 Zip	Code
44 Purcuant to the provisions of Sections 607 0502 and 607 1509 Elevide Statutes the n						,	FI	L `	
office or re	egi ste red ag m f a milier w	gent, or both, in the S ith and accept the c	State of Florida. Such Indications of Section	h change was a	authorized by	the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	ppointment as	registered
SIGNATURE	26	Las dian	L.C. Hanc	OX SO P	Sinda Sialdiei	>.	1/2/9	8	
	Signature, lyped	or ponted name of registers		ble (NOI		nl signature requ	red when reinstating) DATE		
12.	D.	OFFICERS	AND DIRECTORS	DELETE	13.	т Т	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR Change	Addition
NAME	HARDISON, LESLIE C				1.2 NAME			<i>•</i> //////	
STREET ADDRESS 26803 W. APPLE TREE LANE					1.3 STREET	ADDRESS			
CHTY-ST-ZIP	BARRIN	GTON IL 30010			1.4 CITY - S	1- ZIP			
TITLE	☐ DELEYE				2.1 TITLE			Change	Addition
NAME OTOTET LODGEGG					2.2 NAME	400000			1
STREET ADDRESS CITY-ST-ZIP					2.3 STREET 2. 4 City - 3				
THILE				DELETE	3.1 TITLE	51-2IF		☐ Change	Addition
NAME					3.2 NAME				_
STREET ADDRESS					3.3 STREET	ADDRESS			
CITY - ST - ZIP					3.4. CITY - S	ST - ZIP			
TITLE				☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME					4.2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP				DELETE	4.4 City-S	T-ZIP		Channe	A Address
TITLE NAME				T DETER	51 THTLE			Change	L. Addition
STREET ADDRESS					5.2 NAME 5.3 STREFT	AUDBEGG			
CITY-ST-ZIP					5.4 CITY-S				
TITLE				DELETE	6.1 TITLE	LII		Change	Addition
NAME					6.2 NAME			_ •	_
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP					6.4 CITY - S				
	eridy that th	e information supplie	d with this filing do	es not qualify fo			Section 119.07(3)(i), Florida Statutes, I further of	ertify 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.