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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093883

Corporation Name

May 03, 1999 8:00 am Secretary of State

05-03-1999 90004 001 ***150.00

	ILGUOU CORPORATION						1 41 0 1011 (0011 0011 0	IM 8800 8800	18788 21181 1811	FE T 0.00 (100 100)
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Principal Plac	e of Business	Mailing Address				, , , , ,	r 118 48111 (8914 8911) 91		18198 S1181 1811	11 (9148 (14) (84)
18455 PINE BL		1406 NORTHWEST 8				}				
PEMBROKE PINES FL 33029 PLANTATION FL 33322						ļ	DO NOT WR	TE IN THIS	SPACE	
US						3 Date Income	orated or Qualifed	12 11 11 110	OI AUL	
	_					11/03/199				
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number			TA	pplied For
21		26				65-07935	84			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			5. Certifcate of			\$8.75	Additional
22	· · · · · · · · · · · · · · · · · · ·	27		_		5. Certificate of	Status Desired		Fee R	equired
City & Stat	e .	City & State				6. Election Car	npaign Financing		\$5.00	Мау Ве
23		28				Trust Fund (Contribution		Added	to Fees
Zip	Country	Zip		untry		· · ·	tion owes the cur	rent year Int	_=	-
24	25	29	30			Personal Pro		<u> </u>	Yes	∑(No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and	Address of New 1	Registered	Agent	
SHO	RE, PHILLIP			"	Marrie		•			
	NW 81ST TERR					iress (P.O. Box Num	ess (P.O. Box Number is Not Acceptable)			
	NTATION FL 33322			83						
• •				"						
				84	City			FL	85 Zip	Code
44 Dumuont	to the provisions of Sections 607.0	502 and 607 1508. Florida	Statutee the s	1	named cor	noration submits this	statement for the		changing its	. registered
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Star	te of Florida. Such change	was authorize	d by th	he corporat	tion's board of directo	ors. I hereby acce	pt the appoi	ntment as n	egistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.050	05, Florida Stat	tutes.						
										i
SIGNATURE	Signature typed or printed name of renistered a	neet and title if applicable.	(NOTE Registere	d Apent :	signature reguir	red when reinstating)		DATE		{
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE Registered		signature requir	red when reinstating) ADDITIONS/0	CHANGES TO OF	DATE FICERS AN	D DIRECT	ORS IN 12
			13.		signature requix		CHANGES TO OF		D DIRECTO	ORS IN 12
12.	OFFICERS A	AND DIRECTORS	13. TE 1.1 Te		signature requix		CHANGES TO OF			
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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.

SIGNATURE:

TURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR