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

DOCUMENT # S33368

(9)

FILED Jan 20 1998 8:00am Secretary of State

	ILE VENTURES, INC.							
Principal Plac	e of Business	Mailing Address						III #4#17 T##1
336 DEER RUN DRIVE 336 DEER RUN DRIVE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH F			FL 32082	. 32082		DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified	THO OF TOE	· · · · · · · · · · · · · · · · · · ·
						02/20/1991		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T TAI	pplied For
21		26				59-3054505	}	ot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				6. Certificate of Status Desired	Fee R	equired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	<i>Ζ</i> φ	Cc	ountry		8. This corporation owes or has paid the		
24	25	29	30			Personal Properly Tax due June 30.		_ No
	9, Name and Address of Currer	it Hegistered Agent	· —	81	Name	10. Name and Address of New Regis	terea Agent	·
AHERN, FRED L. JR.				OI Name				
	15 SOUTH THIRD STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	ITE 101			83				
JAI	CKSONVILLE BEACH FL 32250			03				
				84	Cily		FL 85 Zip	Code
agent. Fa SIGNATURE	m familiar with, and accept the obligi	alicus of, Section 607.0505, F	lorida St	atutes.		poration submits this statement for the purp tion's board of directors. I hereby accept the red when relistating)	DATE	
12.	OFFICERS AN		13		·	ADDITIONS/CHANGES TO OFFICER	·	
TITLE	DP			1.1 1IILE			L Change	Addition
NAME	WALCHLE, DAVID L.			NAME				
STREET ADDRESS	336 DEER RUN DR.		1.3	STREET A	ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL			1.4 Cily - S1 - ZIP 2 1 TITLE			TI 05	Addiso
1111.6	VST	[] DELETE					Change	☐ Addition
NAME	WALCHLE, CAROLYN L.			2.2 NAME				
STREET ADDRESS	336 DEER RUN DR.			2.3 STREET ADDRESS		,		
CITY+ST-ZIP TITLE	PONTE VEORA BEACH FL			2 4 CITY-ST-ZIP 3 1 TITLE			Change	Addition
NAME.		L.J takete	1				Onange	Addition
STREET ADDRESS			3.2 NAM 3.3 STRE		UDDDCCC			
				CITY ST				
CITY-ST-7IP TITLE				TITLE	- 411		☐ Change	Addition
NAME		the second secon		NAME				
STREET ADDRESS				STREET A	ADDRESS			
CITY-S1-ZIP				CITY-ST	ì			
TITLE		DELFTE		HILE	***		Change	Addition
NAME				NAME				
STREET ADDRESS			. I	STREET A	ADDRESS			
CITY-ST-ZIP				CITY-ST	·)			
TITLE	DÉLETE			6.1 TITLE			Change	Addition
NAME			6.2	IMAM				
STREET ADDRESS			63	STREET A	address			
CITY-ST-ZIP			641	CITY-ST	- 7 IP			
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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 eath; 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 attactiment with an address.

SIGNATURE: V QAVALA

DAVID LHALLAGE

1/1/28

GOH DESTORA