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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED Feb 26 1998 8:00am Secretary of State

| | IG SPECIALITES, INC. | | | | |
|--|--|---|---|--|---|
| Principal Place | e of Business | Mailing Address | | 1 10011 011001 01100 11105 11111 00111 1001 01 | åst Kilits mener dinte didit killit tagt |
| 6433 OLD SHADBURN FERRY RD BUFORD GA 30518 | | 6433 OLD SHADBURN FERRY RD BUFORD GA 30518 | | DO NOT WRITE IN | THIS SPACE |
| US | | US | | 3. Date Incorporated or Qualified | THO OFFICE |
| | | | | 07/27/1992 | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 1 | | 26 | | 58-2011814 | Not Applicabl |
| Suite, Apt | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 3 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 3 | | 28 | | Trust Fund Contribution L | Added to Fees |
| Zip Ti | Country | Zipi | Country | 6. This corporation owes or has paid t | |
| 4 | 25 9. Name and Address of Curre | 29 | 30 | Personal Property Tax due June 30 10. Name and Address of New Regis | |
| | | an registered Agent | B1 Name | IU. Name and Address of New Negla | relea wholi |
| | RGAN, ROBERT M. | | | | |
| 1625 WEST MARION AVENUE SUITE 2 | | | B2 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| | NTA GORDA FL 33950 | | 83 | | |
| rui | NIA GUNDA FL 33830 | | | | |
| | | | 84 City | | FL 85 Zip Code |
| 1. Pursuant t | to the provisions of Sections 607.05 | 02 and 607.1508. Florida Statut | les, the above-named cor | rooration submits this statement for the pure | |
| office or re | egistered agent, or both, in the State in familiar with, and accept the oblic | e of Florida, Such change was | authorized by the corpora | rporation submits this statement for the purp alion's board of directors. I hereby accept the | he appointment as registered |
| agent. i ar | т талтнаг with, ало ассерстве оолд | gations of, Section 607,0505, Fi | orida Statules. | | |
| | | | | | |
| SIGNATURE | Storatore, typed or printed name of registered as | pentand to inflançal able (NOI | L. Registered Agent signature requ | uired when reinstating) | DATE |
| · | Signature, typied or printed name of registered is; OFFICERS AN | gestand ter diapphentale (NOI NO DIRECTORS | II. Registered Agent signature requ | uired when reinstading) ADDITIONS/CHANGES TO OFFICER | |
| 12. | | | | · · · · · · · · · · · · · · · · · · · | IS AND DIRECTORS IN 12 |
| 12. | OFFICERS AN | NO DIRECTORS | 13. | · · · · · · · · · · · · · · · · · · · | IS AND DIRECTORS IN 12 |
| 12. TITLE | OFFICERS AN | NO DIRECTORS DELETE | 13. 1.1 TITLE | · · · · · · · · · · · · · · · · · · · | IS AND DIRECTORS IN 12 |
| 12. Title Name Street address | D FRONING, LYLE | NO DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | · · · · · · · · · · · · · · · · · · · | IS AND DIRECTORS IN 12 |
| 12. Title Name Street address City+S1+Zip | D FRONING, LYLE 6433 OLD SHADBURN FERR | NO DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | S AND DIRECTORS IN 12 Change Addition |
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on the same legal effect as if made under each that my signature shall have the same legal effect as if made under each; that I am a current trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in withian address. officer or director of the corporation or the precision Block 12 or Block 13 if changed, or open altach