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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F9500000192**1. Corporation Name

ECD - ARBOR LAKES, INC.

'	ce of Business	Mailing Address						
1641 BARCLAY BLVD		1641 BARCLAY BLVD						
BUFFALO GROVE IL 60089 US		BUFFALO GROVE IL 60089 US		DO NOT WRIT	E IN THIS S	PACE		
00		UU .			Date Incorporated or Qualifed			
					01/12/1995			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26			36-3989519		_ `	t Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.					\$8.75	
22	,	27			5. Certifcate of Status Desired	×	Fee Re	
City & Star	te	City & State			6. Election Campaign Financing		\$5.00	May Re
23		28			Trust Fund Contribution		Added	
Zip	Country	Zip	Country	/	This corporation owes the current	ent vear Intan		<u> </u>
24	25	· _	10		Personal Property Tax.	_	∃Yes	□No
	9. Name and Address of Current		·-ı		10. Name and Address of New R			
			81	Name				
CT (CORP			<u> </u>	•			
1200	D S. PINE ISLAND RD.		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	NTATION FL 33324		83		The state of the s		18 18 18	1917 191 191
			00			1 7 3		
			84	City		FL	85 Žip (
nitice or i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named corporation	oration submits this statement for the ports of the ports of directors. I hereby accept	ourpose of ch	anging its ment as re	registered gistered
agent. I a	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of a state	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	nonzed by da Statutes tegistered Age	une corporation	on's board of directors. I hereby accept	ourpose of ch t the appointr	ment as re	gistered
office of agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation of support of the state of registered agent of the state of the s	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	da Statutes tegistered Age	the corporations.	on's board of directors. I hereby accep	DATE	DIRECTO	PRS IN 12
SIGNATURE 12.	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	tegistered Age	the corporations.	on's board of directors. I hereby accept	DATE	ment as re	gistered
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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 option affectment with anyaddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90021 032 ***158.75

847- 229-9200