

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

FILED
Mar 24 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # H73340 (2)

1. Corporation Name
LILLYTECH, INC.



Principal Place of Business

C/O MURRY HERSTIK
1351 - 97TH STREET
BAY HARBOUR FL 33154

Mailing Address

C/O MURRY HERSTIK
1351 - 97TH STREET
BAY HARBOUR FL 33154-1908

3. Date Incorporated or Qualified
08/27/1985

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 C/O MURRAY HERSTIK

2a. Mailing Address

26 C/O MURRAY HERSTIK

4. FEI Number
59-2586474

Applied For
Not Applicable

22 3300 NE 192 St.
City & State BAY CLUB I APT. 1612

27 3300 NE 192 St.
City & State BAY CLUB I APT. 1612

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 AVENTURA FL 33180

28 AVENTURA FL.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33180 25 USA

29 33180 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HERSTIK, MURRAY - SAME AGENT - CHANGE OF ADDRESS
1351 - 97TH STREET
BAY HARBOR FL 33154

10. Name and Address of New Registered Agent

81 Name HERSTIK MURRAY
82 Street Address (P.O. Box Number is Not Acceptable) 3300 NE 192 ST.
83 BAY CLUB I, APT. 1612
84 City AVENTURA FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HERSTIK, MURRAY | |
| STREET ADDRESS | 1351 97TH STREET | |
| CITY - ST - ZIP | BAY HARBOR FL | |
| TITLE | PSD | <input type="checkbox"/> DELETE |
| NAME | ZAGURI, MONA | |
| STREET ADDRESS | 1351 97TH ST. | |
| CITY - ST - ZIP | BAY HARBOR ISL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--|--|
| 1.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HERSTIK, MURRAY | |
| 1.3 STREET ADDRESS | 3300 NE 192 ST. | |
| 1.4 CITY - ST - ZIP | BAY CLUB I APT. 1612 AVENTURA, FL. 33180 | |
| 2.1 TITLE | PSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ZAGURI, MONA | |
| 2.3 STREET ADDRESS | 3300 NE 192 ST | |
| 2.4 CITY - ST - ZIP | BAY CLUB I, APT. 1612 AVENTURA, FL. 33180 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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 included 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.

SIGNATURE: MONA ZAGURI 2/23/97 305-937-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4480

CR2E034 (9/96)