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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H73340** **(2)**

1. Corporation Name
LILLYTECH, INC.

Principal Place of Business	Mailing Address
C/O MURRY HERSTIK 1351 - 97TH STREET BAY HARBOUR FL 33154	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	2a. Mailing Address
21 C/O MURRAY HERSTIK	26 C/O MURRAY HERSTIK
Suite, Apt. #, c/o 22 3300 NE 192 St.	Suite, Apt. #, etc. 27 3300 NE192 St.
City & State 23 BAY CLUB I APT.1612 AVENTURA, FL 33180	City & State 28 BAY CLUB I Apt.1612 AVENTURA, FL.
Zip 24 33180	Country 25 USA
Zip 29 33180	Country 30 USA

4. FEI Number: 59-2586474 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERSTIK, MURRAY - SAME AGENT - CHANGE OF ADDRESS 1351 - 97TH STREET BAY HARBOR FL 33154	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD NAME: HERSTIK, MURRAY STREET ADDRESS: 1351 97TH STREET CITY-ST-ZIP: BAY HABOR FL	☐ DELETE	1.1 TITLE: TD 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	☒ Change ☐ Addition
TITLE: PSD NAME: ZAGURI, MONA STREET ADDRESS: 1351 97TH ST. CITY-ST-ZIP: BAY HARBOR ISL FL	☐ DELETE	2.1 TITLE: PSD 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	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (9/96)

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 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.

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