## 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 # H73340

(2)

LILLYTECH, INC.

**FILED** Feb 27 1998 8:00am Secretary of State



· <u>·</u>			·		
·	e of Business	Mailing Address			
C/O MURRA		C/O HERSTICK MUR			
8300 NE 192 ST BAY CLUB I APT 1612 AVENTURA FL 33180		3300 NW 192 ST BAY CLUB   APT 1612 AVENTURA FL 33180		DO NOT WRITE IN THIS SPACE	
<b>us</b> us				3. Date Incorporated or Qualified	
				08/27/1985	
2. Principal Place of Business 2a. Mailing Addres				4. FEI Number Applied For	
21		26		59-2586474 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	
22 City & Stat	lo	City & State		Fee Required	
23	l <b>u</b>	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
1	9. Name and Address of Curr		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Name and Address of New Registered Agent	
HE	RSTICK, MURRAY		81 Name		
	00 NE 192ST		20 0	70 0 M M M M M M M M M M M M M M M M M M	
BAY CLUB I APT 1612			82 Street A	Address (P.O. Box Number is Not Acceptable)	
	/ENTURA FL 33180		83		
~	CIVIONA PL 33180				
			84 City	FL 85 Zip Code	
11 Pureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida St	atutes the phaye named	corporation submits this statement for the purpose of changing its registered	
agent i a SIGNATURE	In terminar with, and accopt the ob-		(NOTE Registered Agent signature	oration's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	DELETE	1.1 TOLE	Change Addition	
NAME	HERSTIK, MURRAY		1.2 NAME		
STREET ADDRESS	3300 NE 192 ST BAY CLU	B I APT 1612	1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP		
TITLE	PSD	DELETE	2.1 TITLE	Change Addition	
NAME	ZAGURI, MONA		2.2 NAME		
STREET ADDRESS	3300 NE 192 ST BAY CLU	B I APT 1612	2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition	
NAME	<b> </b>		3.2 NAME		
STREET ADDRESS	İ		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP	<u></u>		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		
44 Ibaselii	a self-religion than information manufact	( ) ( ) ( ) ( )	(C. A.	d in Continu 440 07(2Vi) Elevide Ctatutes I further certify that the information	

I nereby certify that the information supplied with this little information indicated on this annual report or supplieriental amual 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 attachment with an address.

**SIGNATURE:**