

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

**FILED**  
**Apr 02 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 # 341693**

1. Corporation Name  
**PILLAR ENTERTAINMENT GROUP, INC.**



Principal Place of Business	Mailing Address
<b>700 W. HILLSBORO BLVD. BLDG 3 SUITE 101 DEERFIELD BEACH, FL. 33441</b>	<b>700 W. HILLSBORO BLVD. BLDG 3 SUITE 101 DEERFIELD BEACH, FL. 33441</b>

3. Date Incorporated or Qualified <b>2-17-1969</b>	3a. Date of Last Report
4. FEI Number <b>59-0940641</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199 C32, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>700 W. HILLSBORO BLVD.</b>	2a. Mailing Address <b>700 W. HILLSBORO BLVD.</b>
21. Suite, Apt. #, etc. <b>BLDG 3 SUITE 101</b>	27. Suite, Apt. #, etc. <b>BLDG 3 SUITE 101</b>
22. City & State <b>DEERFIELD BEACH, FL. 33441</b>	28. City & State <b>DEERFIELD BEACH, FL. 33441</b>
23. Zip <b>33441</b>	29. Zip <b>33441</b>
Country	Country

9. Name and Address of Current Registered Agent

**LABROZZI, G.F.  
2101 BRICKELL AVE  
SUITE 306  
MIAMI, FL. 33129**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable) <b>700 W. HILLSBORO BLVD.</b>	<b>FL</b>
83. <b>BLDG 3 SUITE 101 DEERFIELD BEACH, FL. 33441</b>	
84. City	

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: *[Signature]* NOTE: Registered Agent Signature required when registering. DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD PAIGE, GREGORY L.</b>
STREET ADDRESS	<b>700 W. HILLSBORO BLVD.</b>
CITY - ST - ZIP	<b>BLDG 3 SUITE 101 DEERFIELD BEACH, FL. 33441</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CEO/CB LABROZZI, G.F.</b>
STREET ADDRESS	<b>700 W. HILLSBORO BLVD.</b>
CITY - ST - ZIP	<b>BLDG 3 SUITE 101 DEERFIELD BEACH, FL. 33441</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

**000002132110**  
**-04/03/97--01010--001**  
**\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 named for or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION

*[Handwritten Signature]*  
**4-2-97**