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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 480135 (3)

1. Corporation Name
GILLER, INC.



Principal Place of Business: **975 ARTHUR GODFREY RD. MIAMI BEACH FL 33140**
 Mailing Address: **975 ARTHUR GODFREY RD. MIAMI BEACH FL 33140-3329**

3. Date Incorporated or Qualified: **07/01/1975**
 3a. Date of Last Report: **04/23/1996**
 4. FEI Number: **59-2295734**
 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

2. Principal Place of Business: **21**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
GILLER, NORMAN M.
975 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: SO <input type="checkbox"/> DELETE	NAME: GILLER, HONEY E
STREET ADDRESS: 975 ARTHUR GODFREY RD	CITY - ST - ZIP: MIAMI BEACH FL
TITLE: PT <input type="checkbox"/> DELETE	NAME: GILLER, IRA D.
STREET ADDRESS: 975 ARTHUR GODFREY RD.	CITY - ST - ZIP: MIAMI BEACH FL
TITLE: D <input type="checkbox"/> DELETE	NAME: GILLER, IRA D.
STREET ADDRESS: 975 ARTHUR GODFREY RD.	CITY - ST - ZIP: MIAMI BEACH 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: <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:

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **4/25/97** (305) 538-6324
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)