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 #

480135

(3)

GILLER, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						idia dibib did	 	
975 ARTHUR GODFREY RD. 975 ARTHUR GODFREY RD.								
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
					07/01/1975			
2. Principal Place of Business 2a. Mailing Address 2b.					4. FEI Number		_ 	oplied For
					59-2295734			ot Applicable
22	27				5. Certificate of Status Desired			Additional equired
City & State	City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip Country	Zιρ	Coun	try		Trust Fund Contribution			
24 25	29	30			Personal Property Tax due June 30. Yes No			
9, Name and Address of Curre	10. Name and Address of New Re	gistered A	gent					
GILLER, NORMAN M.			31	Name				[
975 ARTHUR GODFREY RD.			12	Street Addres	ss (P.O. Box Number is Not Acceptate	ole)		
MIAMI BEACH FL 33140			13					
		*	~					
		8	4	City	, , ,	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo)VB-1	named corpor	ration submits this statement for the r		t t hanging it	s registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	ie of Florida. Such change was a gations of, Section 607.0505, Flo	iuthorized orida Statut	by t les.	he corporation	n's board of directors. I hereby accep	pt the appoi	ntment as	registered
SIGNATURE								
Signature, typed or printed name of registered a			Agent	beriuper enulange		DATE		
12. OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		DIRECTOR Change	RS IN 12
NAME GILLER, HONEY E	_ Octob	1.2 NAM				L	_1 CHAILING	L ADDITION
I '	ATE ADDITION ASSESSED DO			DORESS				
CITY-ST-ZIP MIAMI BEACH FL		1.4 CITY						ľ
TITLE PT	☐ DELETE	2.1 TITE					Change	☐ Addition
NAME GILLER, IRA D.		2.2 NAM	E					. [
STREET ADDRESS 975 ARTHUR GODFREY RD	975 ARTHUR GODFREY RD. 23		2.3 STREET ADDRESS					ł
CITY-ST-ZIP MIANT BEACH FL		2.4 CITY-		- ZIP				
THILE D	☐ DELETE	3.1 TITLE					Change	☐ Addition
HAME GILLER, IRA D.		32 NAM	E					İ
STREET ADDRESS 975 ARTHUR GODFREY RD	ı	3.3 STRE						
CITY-ST-ZIP MIAMI BEACH FL	DELETE	3.4. CITY-1		ZIP			Change	Addition
NAME	C) OFFEIR	4.1 TITLE 4. 2 NAME				L	_] Cuanija	L Audition
STREET ADDRESS		4.3 STREET ADD		UUBESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP		1				
TITLE	☐ DELETE		5.1 TITLE				Change	Addition
NAME		5.2 NAM	5.2 NAME					
STREET ADDRESS		5.3 STRE	5.3 STREET ADDRESS					
CITY-ST-ZIP		-	5.4 CITY-ST-ZIP					
TITLE	☐ DELETE		6.1 TITLE			E	Change	Addition
NAME		6.2 NAME						
STREET ADDRESS		6.3 STRE						
City-St-ZIP 14. Thereby certify that the information supplies	with this ling does not qualify for	f the exem	-ST-	ZIP	ection 119.07(3)(i), Florida Statutes 1	further certi	fv that the	information

indicated on this annual report or supplemental artiful 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 of trustee on this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attache