

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 619262 (9)

1. Corporation Name  
PILA & PILA, INC.



Principal Place of Business Mailing Address  
14115 FENNSBURY DR TAMPA FL 33624

3. Date Incorporated or Qualified 05/01/1979  
3a. Date of Last Report 03/28/1995  
4. FEI Number 59-1906729 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

PILA, MORITZ  
14115 FENNSBURY DR.  
TAMPA, FLORIDA  
33624

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE S [ ] DELETE  
NAME PILA, HARRIETT  
STREET ADDRESS 4516 S AMPTON COURT  
CITY-ST-ZIP TAMPA, FLORIDA 00000  
TITLE VP [ ] DELETE  
NAME PILA, ESTHER  
STREET ADDRESS 3301 BAYSHORE BLVD #1906  
CITY-ST-ZIP TAMPA, FLORIDA 00000  
TITLE P [ ] DELETE  
NAME PILA, KALMAN  
STREET ADDRESS 14011 SHADY SHORES DR  
CITY-ST-ZIP TAMPA FL  
TITLE VP [ ] DELETE  
NAME PILA, KRESLA D  
STREET ADDRESS 4013 MURIEL PLACE  
CITY-ST-ZIP TAMPA, FLORIDA 00000  
TITLE TD [ ] DELETE  
NAME PILA, MORITZ  
STREET ADDRESS 14115 FENNSBURY DRIVE  
CITY-ST-ZIP TAMPA, FLORIDA 00000  
TITLE VP [ ] DELETE  
NAME PILA, BERNADETTE D  
STREET ADDRESS 3301 BAYSHORE BLVD #1906  
CITY-ST-ZIP TAMPA, FLORIDA 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moritz S. Pila 3/11/96 813-878-4269

Date

Daytime Phone #

CR2E034 (12/95)