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FILED

**Jan 28 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 # 619262 (9)

1. Corporation Name:
PILA & PILA, INC.



Principal Place of Business Mailing Address
14115 FENNSBURY DR TAMPA FL 33624 **14115 FENNSBURY DR TAMPA FL 33624-2554**

3. Date Incorporated or Qualified **05/01/1979** 3a. Date of Last Report **03/15/1996**
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 Country 28 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, as 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]* **TREASURER** **1/17/97**
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 | <input type="checkbox"/> DELETE |
| NAME | PILA, HARRIETT | |
| STREET ADDRESS | 4516 S AMPTON COURT | |
| CITY-ST-ZIP | TAMPA, FLORIDA 00000 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PILA, ESTHER | |
| STREET ADDRESS | 3301 BAYSHORE BLVD #1908 | |
| CITY-ST-ZIP | TAMPA, FLORIDA 00000 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | PILA, KALMAN | |
| STREET ADDRESS | 14011 SHADY SHORES DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PILA, KRESLA D | |
| STREET ADDRESS | 4013 MURIEL PLACE | |
| CITY-ST-ZIP | TAMPA, FLORIDA 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | PILA, MORITZ | |
| STREET ADDRESS | 14115 FENNSBURY DRIVE | |
| CITY-ST-ZIP | TAMPA, FLORIDA 00000 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PILA, BERNADETTE D | |
| STREET ADDRESS | 3301 BAYSHORE BLVD #1908 | |
| CITY-ST-ZIP | TAMPA, FLORIDA 00000 | |

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 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]* **TREASURER** **1/17/97** **88-878-4269**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)