

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 619262 (9)**

1. Corporation Name  
**PILA & PILA, INC.**



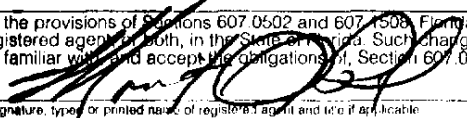
Principal Place of Business <b>14115 FENNSBURY DR                  TAMPA FL 33624</b>	Mailing Address <b>14115 FENNSBURY DR                  TAMPA FL 33624</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4308 SOUTHARK DR.</b>		2a. Mailing Address <b>26 4308 SOUTHARK DR.</b>		3. Date Incorporated or Qualified <b>05/01/1979</b>	4. FEI Number <b>59-1906729</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		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>	
23 City & State		28 City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip	25 Country	29 Zip	30 Country				

9. Name and Address of Current Registered Agent <b>PILA, MORITZ                  14115 FENNSBURY DR.                  TAMPA, FLORIDA                  33624</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>4308 SOUTHARK DR.</b>		
				83			
				84 City	<b>FL</b>	85 Zip Code	

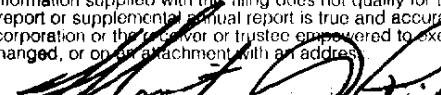
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  **TREASURER** 1-9-98

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILA, HARRIETT</b>	1.2 NAME	
STREET ADDRESS	<b>4516 S AMPTON COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FLORIDA 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILA, ESTHER</b>	2.2 NAME	
STREET ADDRESS	<b>3301 BAYSHORE BLVD #1906</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FLORIDA 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILA, KALMAN</b>	3.2 NAME	
STREET ADDRESS	<b>14011 SHADY SHORES DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILA, KRESLA D</b>	4.2 NAME	
STREET ADDRESS	<b>4013 MURIEL PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FLORIDA 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILA, MORITZ</b>	5.2 NAME	
STREET ADDRESS	<b>14115 FENNSBURY DRIVE</b>	5.3 STREET ADDRESS	<b>4308 SOUTHARK DR.</b>
CITY-ST-ZIP	<b>TAMPA, FLORIDA 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILA, BERNADETTE D</b>	6.2 NAME	
STREET ADDRESS	<b>3301 BAYSHORE BLVD #1906</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FLORIDA 00000</b>	6.4 CITY-ST-ZIP	

14. I 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 partner 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:  **TREASURER** 1-9-98 813-870-4719

CR2E034 (10/97)