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Secretary of State

02-24-1999 90022 050 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 619262

1. Corporation Name
PILA & PILA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4308 SOUTH PARK DR
 TAMPA FL 33624
 US**

Mailing Address
**4308 SOUTH PARK DR.
 TAMPA FL 33624
 US**

3. Date Incorporated or Qualified
05/01/1979

4. FEI Number
59-1906729

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 owes the current year Intangible Personal Property Tax. 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
**PILA, MORITZ
 4308 SOUTH PARK 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 [] 85 Zip Code [] **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 *MORITZ S. PILA, TREASURER* DATE **1/10/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 #1906	
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 checked="" 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	4308 SOUTH PARK DR.	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	VP	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	321 GORDON AVENUE
1.4 CITY-ST-ZIP	SAN JOSE, CA 95127-1412
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4234 WINDING WILLOW DR.
3.4 CITY-ST-ZIP	TAMPA, FL 33624-4664
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	934 NW 58th STREET
6.4 CITY-ST-ZIP	SEATTLE, WA 98107

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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/10/99** DAYTIME PHONE #: **813-878-4269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)