

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # F00611 (6)				95 JUL 28 AM 9:24	
1. Corporation Name THE PILLING STATION, INC.					
Principal Place of Business 10221 S.W. 122 ST. C/O GERALD GEIST MIAMI FL 33176		Mailing Address 10221 S.W. 122 ST. C/O GERALD GEIST MIAMI FL 33176		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1980	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 11/28/1994	
22 City & State		27 City & State		4. FEI Number 59-2442222	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired 8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GEIST, GERALD 10221 S.W. 122 ST. MIAMI FL 33176				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 607.1508, 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 _____ DATE _____ Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	☐ Change ☐ Addition		
NAME	GEIST, GERALD	1.2 NAME			
STREET ADDRESS	10221 S.W. 122 ST.	1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP			
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition		
NAME	GEIST, BARBARA	2.2 NAME			
STREET ADDRESS	10221 S.W. 122 ST.	2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP			
TITLE		3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE	☐ Change ☐ Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE		6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		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: <u>Barbara Geist</u> <u>Barbara Geist</u> <u>6/20/95</u> <u>(305) 670-4140</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (3/95)