

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G92619 (7)
1. Corporation Name:
JILL-ANN CORPORATION



Principal Place of Business: **5901 SW 74 ST #408 S MIAMI FL 33143**
Mailing Address: **5901 SW 74 ST #408 S MIAMI FL 33143**

3. Date Incorporated or Qualified: **03/22/1984**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-2406785**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, MANUEL A.
2665 S. BAYSHORE DR.
SUITE 1100
MIAMI FL 33133**

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 607.0802 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 (type or print name of the signatory) _____ DATE (Type in full) (Applicable only to corporations) _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for 1-14 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and Change/Addition checkboxes.

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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

Stephen J Kneapler
Stephen J Kneapler

3/13/96

(305) 858-1431

CR2E034 (12/95)