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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1996

GILLE	R & GILLER, INC.				
rincipal Place	e of Eusiness	Mailing Address			DI 1185 BIBII BIBII WIDII BIBII BIBII BIBII BEBIE IDI
% IRA D. GILLER 975 ARTHUR GODFREY RD MIAMI BEACH FL 33140		% IRA D. GILLER 975 ARTHUR GODFREY RD MIAMI BEACH FL 33140			
				<ol> <li>Date Incorporated or Qualified 04/24/1986</li> </ol>	3a. Date of Last Report 04/27/1995
Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-2698007	Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona
City & State	le	City & State		6. Election Campaign Financing	Fee Required
		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
	25 9, Name and Address of Current	Registered Agent	[30]		s 🔲 No
	5, Italie and Address of Carrell	negistered Agent	81 Name	10. Name and Address of New F	Hegistered Agent
GILLER,	. IRA D.		00 0	(D.C. Davidson and Alexander)	
	THUR GODFREY RD		82 Street Add	fress (P.O. Box Number is Not Acceptat	DIE)
MIAMI E	BEACH FL 33140		83		
			84 City		85 Zip Code
			'		
<ul> <li>Pursuant to or register</li> </ul>	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida	and 607.1508, Florida Statu a. Such change was authori	ites, the above-named corporation's boa	pration submits this statement for the pu	rpose of changing its registered of
familiar wi	ith, and accept the obligations of, Sectio	n 607.0505. Florida Statute	oc	are or amoutorer riterooy decopit the upp	Anno no no registered agent. I am
		- Tollioob, Florida Cialate	55.		
GNATURE .	Sharakara Arnod or priched pages of registered pages to				
	Styriuture, typed or printed name of registured agent ar OFFICERS AND	nd title if applicable. (A	ЮТЕ: Registered Agent signature require	· · · · · · · · · · · · · · · · · · ·	DATE FICERS AND DIRECTORS IN 12
· · · · · · · · · · · · · · · · · · ·		nd title if applicable. (A		ed when reinstating); ADDITIONS/CHANGES TO OFF	
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SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (300) 538-6324

CR2E034 (12/95)