

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #J28584
1. Corporation Name
Pillets Enterprises, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 8/11/86	3a. Date of Last Report 3/26/96
4. FEI Number 59-2713366	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3891 Stirling Road Suite, Apt. #, etc. 22 City & State 23 Fort Lauderdale, FL Zip Country 24 33312 25 U.S.	2a. Mailing Address 26 2714 Union Avenue Extd. Suite, Apt. #, etc. 27 City & State 28 Memphis, TN Zip Country 29 38112-4415 30 U.S.
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9. Name and Address of Current Registered Agent

JOSEPH P. MULLEN
2419 E. COMMERCIAL BLVD.
SUITE 302
FT LAUDERDALE, FL 33308

10. Name and Address of New Registered Agent

81 Name CT CORPORATION SYSTEM	85 Zip Code 33324
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
83	
84 City PLANTATION	85 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  **John J. Linnihan, Asst. VP** **8/20/97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reissuing.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D
1.3 STREET ADDRESS	Stephen H. Winters
1.4 CITY-ST-ZIP	2714 Union Avenue Extd.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	Paul S. Winters
2.4 CITY-ST-ZIP	2714 Union Avenue Extd.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Memphis, TN 38112-4415
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900002274559-3
4.3 STREET ADDRESS	-08/22/97-01077-005
4.4 CITY-ST-ZIP	****550.00 ****550.00
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/97

901-320-1618

Date

Daytime Phone #

CFE034 (9/96)