FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **P35209** **(6)**

1. Corporation Name
JILLIAN'S, INC.

Principal Place of Business	Mailing Address
~~2 ALHAMBRA PLAZA~~ ~~PH 1E~~ CORAL GABLES FL 33134 US	~~2 ALHAMBRA PLAZA~~ ~~PH 1E~~ CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: ONE ALHAMBRA PLAZA
22 Suite, Apt. #, etc.: 620
23 City & State: CORAL GABLES FL
24 Zip:
25 Country: DADE

2a. Mailing Address
26: ONE ALHAMBRA PLAZA
27 Suite, Apt. #, etc.: 620
28 City & State: CORAL GABLES FL
29 Zip: 33134
30 Country: DADE

4. FEI Number: 65-0186224 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

~~DESTEFANIS, PAUL~~
~~2 ALHAMBRA PLAZA~~
~~PH 1E~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Richard F. Landry
82 Street Address (P.O. Box Number is Not Acceptable): ONE ALHAMBRA PLAZA
83: SUITE 620
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Richard F. Landry — 5/31/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	CHAIRMAN OF BOARD ☒ Change ☐ Addition
NAME	FOSTER, STEVEN	12 NAME	
STREET ADDRESS	508 N. 2ND STREET	13 STREET ADDRESS	
CITY ST ZIP	FAIRFIELD IA	14 CITY ST ZIP	
TITLE	VPT	21 TITLE	☒ Change ☐ Addition
NAME	DESTEFANIS, PAUL	22 NAME	20000150935 2
STREET ADDRESS	2 ALHAMBRA PLAZA PH 1E	23 STREET ADDRESS	-06/09/95--01013--002
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	****200.00 ****200.00
TITLE	PRESIDENT / COO	31 TITLE	☐ Change ☒ Addition
NAME	SMITH, DANIEL M.	32 NAME	
STREET ADDRESS	508 N 2ND STREET	33 STREET ADDRESS	
CITY ST ZIP	FAIRFIELD IA	34 CITY ST ZIP	
TITLE		41 TITLE	S ☐ Change ☒ Addition
NAME		42 NAME	RICHARD F. LANDRY
STREET ADDRESS		43 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 620
CITY ST ZIP		44 CITY ST ZIP	CORAL GABLES FL 33134
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

6/6/95

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Richard F. Landry — 5/31/95 — 305-446-0220
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Date — Daytime Phone #

0140084 CP