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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

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

1. Corporation Name
JILLIAN'S, INC.

Principal Place of Business	Mailing Address
~~ONE ALHAMBRA PLAZA~~ ~~SUITE 620~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~ONE ALHAMBRA PLAZA~~ ~~SUITE 620~~ ~~CORAL GABLES FL 33134~~ ~~US~~

3. Date Incorporated or Qualified: **08/23/1991**
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business
21: 10070 N. Kendall Drive
22: Suite, Apt. #, etc.
23: City & State: Miami Fl
24: Zip: 33186
25: Country: Dade

2a. Mailing Address
26: 747 Atlantic Ave
27: Suite, Apt. #, etc: # 600
28: City & State: Boston MA
29: Zip: 02111
30: Country: USA

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

RICHARD F. LANDRY
ONE ALHAMBRA PLAZA
SUITE 620
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10070 N. Kendall Drive
83
84 City: Miami **FL** 85 Zip Code: 33186

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 date required (date: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB FOSTER, STEVEN 508 N. 2ND STREET FAIRFIELD IA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO SMITH, DANIEL M ~~508 N 2ND STREET~~ ~~FAIRFIELD IA~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	747 Atlantic Ave # 600 Boston, MA 02111	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LANDRY, RICHARD F ~~ONE ALHAMBRA PLAZA, SUITE~~ 620 ~~CORAL GABLES FL 33134~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	10070 N. Kendall Drive Miami, Fl 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

617-350-3111
or
305-595-0070

SIGNATURE: Richard F. Landry 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #