

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90112 045 \*\*\*158.75

DOCUMENT # P35209

1. Corporation Name  
JILLIAN'S, INC.

Principal Place of Business  
12070 NORTH KENDALL DRIVE  
MIAMI FL 33186  
US

Mailing Address  
727 ATLANTIC AVENUE  
SUITE 600  
BOSTON MA 02111  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1387 S. Fourth St.

Suite, Apt. #, etc.

22 -

City & State  
23 Louisville, KY

Zip

24 40208

Country

25 US

2a. Mailing Address  
26 1387 S. Fourth St.

Suite, Apt. #, etc.

27 -

City & State  
28 Louisville, KY

Zip

29 40208

Country

30 US

3. Date Incorporated or Qualified

08/23/1991

4. FEI Number

65-0186224

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

~~SMITH, DANIEL~~  
~~12070 NORTH KENDALL DRIVE~~  
~~MIAMI FL 33186~~

10. Name and Address of New Registered Agent

81 Name Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

83

84 City Takahasssee

FL

85 Zip Code

32301

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

*Carol K. Dole*

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 20 1999

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME FOSTER, STEVEN

STREET ADDRESS 727 ATLANTIC AVE 600

CITY-ST-ZIP BOSTON MA

TITLE PCOO ☐ DELETE

NAME SMITH, DANIEL M

STREET ADDRESS 12070 N KENDALL DR

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1387 S. Fourth St.

1.4 CITY-ST-ZIP Louisville, KY 40208

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1387 S. Fourth St.

2.4 CITY-ST-ZIP Louisville, KY 40208

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1-21-99 (502) 638-9008

Date

Daytime Phone #

CR2E034 (11/98)

0524059