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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000021932 (4)

PILLAR INVESTIGATIONS, INC.

1610 WILLOW OAK DR. **EDGEWATER FL 32132**

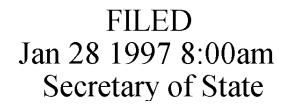
Principal Place of Business

SIGNATURE:

Mailing Address

PO BOX 291998

PORT ORANGE FL 32129-1998



3a. Date of Last Report



3. Date Incorporated or Qualified

03/07/1996

2. Principa Piace of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			1 ra aaaaaaa	Not Applicable	
S lite Apt. # etc:		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State	& State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24	Country 25	7ip	Countr 30	у	8. This corporation has liability for intangible tax under Florida Statutes Yes No	s. 199.032,	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name			
1610 WILLOW OAK DR. EDGEWATER FL 32132				82 Street Address (P.O. Box Number is Not Acceptable)			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
-				84 City 85 Zip Code			
				FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the ab				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. Florida Statutes.							
SIGNATURE							
	Signation typicition period harde of registeres agen		OTE: Registered Ag	gent signature require			
12 .	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
NILE	PVST WEHRBERGER, BONNIE JO	DELETE	1.1 TITLE			Addition 3	
NAME	1610 WILLOW OAK DR.		1.2 NAME			3	
STREET ADDRESS	EDGEWATER FL 32132			T ADDRESS]	
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NAME			3.2 NAME				
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NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
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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 and cated 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.							