

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S93226** (6)

1. Corporation Name
PIL-SUNG, INC.



Principal Place of Business

**1859 N. PINE ISLAND ROAD
1181
PLANTATION FL 33322
US**

Mailing Address

**1859 N. PINE ISLAND ROAD
1181
PLANTATION FL 33322
US**

3. Date Incorporated or Qualified
11/08/1991

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

4933 MARBELLA RD N.

Suite, Apt. #, etc.

AV

City & State

W. PALM BCH

Zip

33417

Country

USA

4. FEI Number
65-0342458

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

10. Name and Address of New Registered Agent

**PELLEGRINI, JOHN
1859 N. PINE ISLAND ROAD
SUITE 1181
PLANTATION FL 33322**

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature of person in care of the person designated as registered agent (if not the same as the person designated as registered agent, the signature of the person designated as registered agent must be obtained)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **PELLEGRINI, JOHN**
CITY-STATE-ZIP **1859 N. PINE ISLAND ROAD, 1181**
PLANTATION FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **PELLEGRINI, JOHN**
CITY-STATE-ZIP **1859 N. PINE ISLAND ROAD, #1181**
PLANTATION FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
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TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

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1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Pellegrini John Pellegrini 4/24

346-7288

CP2E034 (12/95)