

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000000333 (2)
 1. Corporation Name
 PILLER, INC.



Principal Place of Business: 3949 SCHELDEN CIR BETHLEHEM PA 18017
 Mailing Address: 3949 SCHELDEN CIR BETHLEHEM PA 18017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1996
 4. FEI Number: 52-1695869
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 334 County Rt. 49, Middletown, NY 10940, USA
 2a. Mailing Address: 334 County Rt. 49, Middletown, NY 10940, USA

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number Is Not Acceptable)
 B3
 B4 City
 B5 Zip Code

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS HILTON, JOSEPH 3949 SCHELDEN CIR BETHLEHEM PA	1.1 TITLE	PD BERND KUEBLER 334 COUNTY RT 49 MIDDLETOWN, NY 10940
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DTSV MCNICHOLAS, THOMAS 3949 SCHELDEN CIR BETHLEHEM PA 18017	2.1 TITLE	VS KEITH YEATES 334 COUNTY RT49 MIDDLETOWN, NY 10940
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DC WESTPHAL, KLAUS DR ABGUNST 24 OSTERODE AM HARZ, GERMANY	3.1 TITLE	D DIETER WINGEN BERGERON RD WESTTOWN, NY 10998
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	T VIVIAN FALISKI 334 COUNTY RT 49 MIDDLETOWN, NY 10940
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____

CR2E034 (5/98)