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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	<u> 1998 </u>	DIVISION OF CO	INPORATIONS	· I	
	MENT # 494865 YNE BAY PILOTS, INC.	5 (9)		LI ARRIAL ELEKE LEKIK BARRI ARKIR BAKRI AKIK BAKA A	ILLIN CIGAN CORN COUN COUNT HER
Principal Bloo	ce of Business	Mailing Address			/E/I P/E/I 8/8/I 8/6/I 8/6/I 188/
•					
2911 PORT B		2911 PORT BLVD MIAMI FL 33132			
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a, Mailing Address		04/12/1976 4. FEI Number	Applied For
21		26		59-1705662	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		<u> </u>	Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29 30	¬ ′	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Current			10. Name and Address of New Registers	
LAI	MONT & NEIMAN, P.A.		81 Name		
TWO SOUTH BISCAYNE BLVD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	·
SUITE 3550					
MLA	AMI FL 33131		83		i
			84 City		85 Zip Code
44 Dureupat	to the provisions of Sections 607.0603	2 and 607 1509. Florida Statuton	the above named corn		
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 appointment of Section 607.0505, Florida Statutes.					
	an raminar with, and accept the coniga	mions of, Section 607.0008, Floric	pa Statules.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it applicable (NOTE R	Registered Agent signature require	od when reinstating) DATe	
12.	OFFICERS (NO		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PC	☐ DELETE	1.1 TITLE		Change Addition
NAME	NADEAU, STEPHEN E		1.2 NAME		ļ
STREET ADDRESS	7611 CENTER BAY DRIVE	44	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NORTH BAY VILLAGE FL 3314 VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	BREESE, WILLIAM W		2.2 NAME		
STREET ADDRESS	7420 S.W. 144TH TERR	ļ	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158	l	2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JOHN R		3.2 NAME		
STREET ADDRESS	12440 OLD CUTLER ROAD		3.3 STREET ADDRESS		ŀ
CITY-ST-ZIP	MIAMI FL 33158	☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME	D Arata, William A	- DELETE	4.1 TITLE 4. 2 NAME		Custilise T Vanion
STREET ADDRESS	16941 S.W. 83RD AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	Brownell, robert k		5.2 NAME		
STREET ADDRESS	5703 MAGGIORE AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		54 CITY - ST - ZIP		
TITLE	D D	☐ DELETE	6.1 TITLE		Change Addition
NAME	BUNICCI, JOSEPH		6.2 NAME		ŀ
STREET ADDRESS	6420 MAYNADA STREET CORAL GABLES FL 33146		6.3 STREET ADDRESS		
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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 attrictment with an address.

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FILED

Jan 26 1998 8:00am

Secretary of State