

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**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90028 032 \*\*\*150.00

DOCUMENT # **494865**

1. Corporation Name

**BISCAYNE BAY PILOTS, INC.**

Principal Place of Business

**2911 PORT BLVD  
MIAMI FL 33132**

Mailing Address

**2911 PORT BLVD  
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/12/1976**

4. FEI Number

**59-1705662**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**LAMONT & NEIMAN, P.A.  
TWO SOUTH BISCAYNE BLVD.  
SUITE 3550  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE  
NAME **NADEAU, STEPHEN E**  
STREET ADDRESS **7611 CENTER BAY DRIVE**  
CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE **VD** ☐ DELETE  
NAME **BREESE, WILLIAM W**  
STREET ADDRESS **7420 S.W. 144TH TERR**  
CITY-ST-ZIP **MIAMI FL 33158**

TITLE **STD** ☐ DELETE  
NAME **FERNANDEZ, JOHN R**  
STREET ADDRESS **12440 OLD CUTLER ROAD**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ DELETE  
NAME **ARATA, WILLIAM A**  
STREET ADDRESS **16941 S.W. 83RD AVE.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE  
NAME **BROWNELL, ROBERT K**  
STREET ADDRESS **5703 MAGGIORE AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ DELETE  
NAME **BUNICCI, JOSEPH**  
STREET ADDRESS **6420 MAYNADA STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

1.2 NAME **NADEAU, STEPHEN**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

2.2 NAME **BREESE, WILLIAM**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **CHAIRMAN** ☒ Change ☐ Addition

3.2 NAME **FERNANDEZ, JOHN**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **VICE CHAIRMAN** ☒ Change ☐ Addition

4.2 NAME **JACCOMA, MICHAEL**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **SEC-TRES** ☒ Change ☐ Addition

5.2 NAME **LAVEN, GEORGE**

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

Date

Daytime Phone #

**15 JAN. 1999 (305) 374-2791**

CR2E034 (11/98)