

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 296116 (7)
1. Corporation Name
PILOT HOUSE BAR AND COCKTAIL LOUNGE, INC.

Principal Place of Business

4909 N W 36TH STREET
MIAMI SPRINGS FL 33186

Mailing Address

20191 E COUNTRY CLUB DR
1611
AVENTURA FL 33180
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/23/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1105165	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

✓ ANITA K FREEDMAN
20191 E COUNTRY CLUB DR APT 1611
APT. 2003
AVENTURA FL 33180

81 Name BARBARA HAND
82 Street Address (P.O. Box Number is Not Acceptable)
1003 CRANE ST
83
84 City KEY LARGO FL 85 Zip Code 33037

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

Barbara Hand

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	ANITA K FREEDMAN	1.2 NAME	BARBARA HAND
STREET ADDRESS	20191 E COUNTRY CLUB DR APT 1611	1.3 STREET ADDRESS	1003 CRANE ST
CITY - ST - ZIP	AVENTURA FL	1.4 CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	DV	2.1 TITLE	DV
NAME	ANITA K FREEDMAN	2.2 NAME	BARBARA HAND
STREET ADDRESS	20191 E COUNTRY CLUB DR APT 1611	2.3 STREET ADDRESS	1003 CRANE ST.
CITY - ST - ZIP	AVENTURA FL	2.4 CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
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: *Barbara Hand* BARBARA HAND PRES. 4-8-98

CR2E034 (10/97)