

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F12594** (0)

1. Corporation Name  
**EXECUTIVE PILOT SERVICE, INC.**



Principal Place of Business: **C/O KEN WINTERS, 8891 N.W. 3RD PLACE, CORAL SPRINGS FL 33071**  
Mailing Address: **C/O KEN WINTERS, 8891 N.W. 3RD PLACE, CORAL SPRINGS FL 33071**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

3. Date Incorporated or Qualified: **12/23/1980**  
3a. Date of Last Report: **02/27/1995**  
4. FEI Number: **59-2062359**  
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  
**WINTERS, KEN  
8891 NW 3RD PLACE  
CORAL SPRINGS FL**

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0522 and 607.1503, 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 607.0525, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                    |                         |                                 |
|--------------------|-------------------------|---------------------------------|
| 1. TITLE           | PD                      | <input type="checkbox"/> DELETE |
| 2. NAME            | WINTERS, KEN            |                                 |
| 3. STREET ADDRESS  | 8891 N W 3RD PLACE      |                                 |
| 4. CITY-STATE-ZIP  | CORAL SPRINGS, FL 00000 |                                 |
| 5. TITLE           |                         | <input type="checkbox"/> DELETE |
| 6. NAME            |                         |                                 |
| 7. STREET ADDRESS  |                         |                                 |
| 8. CITY-STATE-ZIP  |                         |                                 |
| 9. TITLE           |                         | <input type="checkbox"/> DELETE |
| 10. NAME           |                         |                                 |
| 11. STREET ADDRESS |                         |                                 |
| 12. CITY-STATE-ZIP |                         |                                 |
| 13. TITLE          |                         | <input type="checkbox"/> DELETE |
| 14. NAME           |                         |                                 |
| 15. STREET ADDRESS |                         |                                 |
| 16. CITY-STATE-ZIP |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           |   |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE           |   |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE          |   |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(a), Florida Statutes. I further certify that the information included 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

March 23, 1996 954-771-4690  
DATE: \_\_\_\_\_

CR2E034 (12/95)