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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F18822

(9)

PILOT'S GOVE, INC.

		•

## FILED Apr 20 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address			CONTINUE TIES CALLS CALLS THE			
1610 SOUTHERN BLVD. WEST PALM BEACH FL 33406		P.O. BOX 1899						
		WEST PALM BEACH FL	. 33402		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	THIS STACE		
					02/09/1981			
9. Princinal P	ace of Business	2a. Mailing Address			4. FEI Number	- ΤΔς	pplied For	
21		26			59-2448881		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	····			60.75	Additional	
22	· ·	27			5. Certificate of Status Desired	,	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	<del></del>		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid	•••		
24	25	29	30		Personal Property Tax due June 3		No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regi	stered Agent		
SIM	IPSON, JAMES F		B1	Name		•		
	O SOUTHERN BLVD.		R.	Street Ada	dress (P.O. Box Number is Not Acceptable		-	
	PALM BEACH FL 33406		64	82 Street Address (P.O. Box Number is Not Ad		;)		
1			83		-			
			-					
			84	City		FL  85   Zip	Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the abov	re-named cor	rporation submits this statement for the pur	roose of changing it	ts registered	
office or re	egistered agent, or both, in the State	le of Florida, Such change was	s authorized b	y the corpora	ation's board of directors. I hereby accept	the appointment as	registered	
	THE OWN	ganoria di, occiori doz.0303, i	ionda olaldic	·3.				
SIGNATURE	Signature, typed or printed name of requilered a	gent and life if applicable (NC	OTE Registered Ag	ont signature requ	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12	
TITLE	PSD	DELETE	1.1 TITLE			Change	☐ Addition	
NAME	<b>SIMPSON, JAMES F</b>		1.2 NAME					
STREET ADDRESS	7218 PINETREE LANE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 334	06	1.4 CITY-	ST-ZIP				
TITLE	VPD	DELETE	2.1 TITLE			Change	☐ Addition	
NAME	SIMPSON, SUE C		2.2 NAME					
STREET ADDRESS	7218 PINETREE LANE		2.3 STREE	1 ADDRESS			i	
CITY-ST-ZIP	WEST PALM BEACH FL 334	06	2. 4 CITY -	ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY -					
TITLE		DELETE	4.1 THE			Change	Addition	
NAME			4, 2 NAME			_		
STREET ADDRESS			•	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELE <b>TE</b>	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS;	and the second second			T ADDRESS				
1			5.4 C(TY-					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	OI-TIF		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
CiTY-ST-ZIP	andily that the information surveiged	with this films door not qualify	6.4 CITY-		n Section 119 07/3\/i\ Florida Statutes Lfu	urthor cortifu that the	information	

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 13 if changed on on an attachment with af address, further than 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 13 if changed on the receiver of the corporation of the corporat