9-19-97 3-2/2/ FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # G72628 ST PILOTS, INC.	(2)			
Principal Place of Business RT 4. BOX 306 SUMMERLAND KEY FL 33040 US		Mading Address RT. 4 BOX 306 SUMMERLAND KEY FL 33042-8739 US		-! ! LEGALIN BAIN CEDING FIRSTR BINING FILDEN INLI OSIGIT DIDDI BIDAN GIALIY OFIDIN BINDI IABA I	
		••		 Date Incorporated or Qualifie 12/01/1983 	d 3a. Date of Last Report 01/31/1996
 ' ' ' '	race of Business	2a. Mailing Address (D)	Platack No	4. FEI Number	Applied For
21 2212 MIDOLO-TOREH RO Soute Apt # etc.		Suite, Apt. #, etc.		59-2355487	Not Applicable \$8.75 Additional
22	#, CIC.	27		5. Certificate of Status Desired	Fee Required
City & State	ϵ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
₋ Ζφ	Country	Zip	Country	1	or intangible tax under s. 199.032,
24	25 9 Name and Address of Current		30	Florida Statutes 10. Name and Address of New	Yes No
FSO	UINALDO, STEVEN B	Trogression Prigorit	81 Name	10, 1-210 210 210 210 210 210 210 210 210 210	
MODAN MODAN & FOOMMANDO				ress (P.O. Box Number is Not Accep	AN ESE.
608 WHITEHEAD ASTREET			Sireer Addi		ST.
	WEST FL 33040		83		
		•	84 City	<u>, , , , , , , , , , , , , , , , , , , </u>	85 Zip Code
			Kc	y west	FL 33040
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State (of Florida. Such change was au	ulhorized by the corporal	poration submits this statement for the tion's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
agent La	ni familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Striature, Goed or province name or registered agen	- Ebwan	Registered Agent signature requi	- 	2/4/97
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	PDVT	DELETE	1.1 TITLE	······································	Change Addition
NAME	CRUSOE, EDWIN E IV		1.2 NAME	122 MIBOLIO TOLO	K Marco
STREET ADDRESS	PT 4 BOX 300 62		1.3 STREET ADDRESS 2	TIT WHATTE LANCE	- Mary
C+TY - ST - ZIP	SUMMERLAND KEY FL		1.4 CITY-ST-ZIP		
TITLE		☐ DEFELE	2.1 TITLE		L. Change L. Addition
NAME			2.2 NAME		•,
STREET ADDRESS			2.3 STREET ADORESS		N.
CITY - ST - ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - SI - 74F			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIF		- Figure 1	4.4 CITY - ST - ZIP		Observed To Address
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAMÉ			6.2 NAME	·	NAME OF TAXABLE PARTY O
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14 Ldo herel	by certify that the information supplied	with this filing does not qualify	for the exemption states	d in Section 119.07(3)(i), Florida Stat	utes. I further certify that the egal effect as if made under oath; that
l am an o appears i	on inglicated on this annual report or su officer or director of the corporation or in Block 12 or Block 13 if changed, oy	the receiver or trustee empower on an attachment with an add	ered to execute this reportess.	rt as required by Chapter 607, Florid	a Statutes; and that my name