

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

DOCUMENT # L87473

1. Corporation Name

FLORIDA PILOT SCHOOL, INC.

Principal Place of Business

~~2015 ST. LUCIE BLVD.~~ 2501 SE Aviation  
~~PO BOX 1629~~ way suite M  
~~FT. PIERCE FL 34954~~ stuart, FL  
US 34996

Mailing Address

2501 SE Aviation  
~~2015 ST. LUCIE BLVD.~~ way suite M  
~~PO BOX 1629~~ stuart, FL  
~~FT. PIERCE FL 34954~~ 34996  
US

2. Principal Place of Business

21 2501 S.E. Aviation way

2a. Mailing Address

26 2501 SE. Aviation way

Suite, Apt. #, etc.

22 M

Suite, Apt. #, etc.

27 suite M

City & State

23 Stuart, FL

City & State

28 Stuart, FL

Zip

24 34996

Country

25 US

Zip

29 34996

Country

30 US

9. Name and Address of Current Registered Agent

MAKTOUF SAMIR  
1045 ADMIRAL'S WALK  
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1990

4. FEI Number

65-0215931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

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 PTS ☐ DELETE

NAME MAKTOUF, SAMIR

STREET ADDRESS 1045 ADMIRAL'S WALK

CITY-ST-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

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:

*Chawnt Maktouf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 / 99 561-288 4700

Date

Daytime Phone #

CR2E034 (1/98)

05/1/99

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90070 040 \*\*\*150.00

