

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N44317** (8)

1. Corporation Name

EASTERN PILOTS FOR FAIRNESS, INC.



Principal Place of Business

**11635 SW 108 TERRACE
MIAMI FL 33176**

Mailing Address

**11635 SW 108 TERRACE
MIAMI FL 33176**

3. Date Incorporated or Qualified
07/15/1991

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
65-0271216

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

**MYLES J TRALINS, ESQUIRE
ONE BISCAYNE TOWER/ STE 3310
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

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 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☐ DELETE

NAME **DUNN, LARRY J.**
STREET ADDRESS **11635 SW 108 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **MANN, WILLIAM B.**
STREET ADDRESS **7020 N. SERNOA DR.**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **SD** ☐ DELETE

NAME **BALDRIDGE, J H**
STREET ADDRESS **10813 BILL PT VIEW NE**
CITY-ST-ZIP **BAINBRIDGE WA**

TITLE **TD** ☐ DELETE

NAME **VOUDY, JOHN**
STREET ADDRESS **1722 THORS ROKK**
CITY-ST-ZIP **MARIETTA GA**

TITLE **D** ☐ DELETE

NAME **DONOVAN, MIKE**
STREET ADDRESS **10 BOARDMAN LANE BOX 196**
CITY-ST-ZIP **HAMILTON MA**

TITLE **D** ☒ DELETE

NAME **CRAWFORD, PETER**
STREET ADDRESS **3390 HARRIS DR**
CITY-ST-ZIP **COLLEGE PK GA**

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

**D MILANETTE, TERRY
8 HEMLOCK TERR.
E. SANDWICH MA**

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)(k), 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; that the receiver or trustee empowered to execute this report as required by Chapter 617, 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

LARRY J. DUNN

Date

1-17-96

Daytime Phone #

305-279-3357

CR2E037 (12/95)