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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000052889

1. Corporation Name COCKPIT CONSULTING, INC.

## **FILED** Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90054 024 \*\*\*150.00



Principal Place	of Business	- Mailing Address				j immilimbi nen imendi litti dibert at		ini airea ilaan laran	(BIND IDN 1881	
1 FLAGLER AVE. STUART FL 34994		1 FLAGLER AVE. STUART FL 34994				DO NOT WRITE IN THIS SPACE				
					3	Date Incorporated or Qualifed				1
					0.	07/29/1993				ļ
2 Principal Pi	ace of Business	2a. Mailing Address			4.	FEI Number		Ap	plied For	1
	Sunsellarry	2	61900 Sunsell tarbor D			65-0434275		No	Applicable	1
Suite, Apt.		Suite, Apt. #, etc.	1301	C(1 2011 -	4			\$8.75	<sup>a</sup> dditional	
22 2117		27 2112			5.	Certifcate of Status Desired		Fee Re	guired	}
City & State		City & State			6.	Election Campaign Financing		\$5.00	<b>Мау Ве</b>	
23 111	IMI BEACH FL	28 MIAMIN	304c	H E		Trust Fund Contribution		Added t	o Fees	
	Country	Zip	Country		8.	This corporation owes the curr	rent year		_	
24 3313	25	29 33139 3	10			Personal Property Tax.		☐ Yes	□No	-
9. Name and Address of Current Registered Agent					10	. Name and Address of New I	Register	d Agent		-
1454	DOME LAMBENCE M		81	Name /	NEA	ADOWS LAWR	いんら	E M.		
MEADOWS, LAWRENCE M. 1 FLAGLER AVE			82	Street Add	dress (I	O. Box Number is Not Accept			~~~	1
		ļ	190	<u>න ~</u>	2112 Sunse	14	waser_	<u> U/Z.</u>	-	
\$10/	ART FL 34994		83							
			84	City , , ,				85 Zip C	Code	1
				711	IAM	ii Kseach	<u> </u>	L   33	5139_	]
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	the above	e-named corp	rporatio	n submits this statement for the pard of directors. I bereby acce	purpose of the aut	of changing its ointment as re-	registerêd aistered	
agent. I a	m familiar with, and accept the obligat	ns of, Section 607.0505, Florid	da Statutes	·		00.000, 10000.000, 11.0.000, 11.0.000	,		•	
SIGNATUF:E										
	Signature, typed or printed name of registered agent			t signature requir		reinstating) ADDITIONS/CHANGES TO OF	DATE	AND DIRECTO	1DS IN 12	غ <del>ا</del>
12.	OFFICERS AND	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OF	TICERS	<b>S</b> Shange	☐ Addition	1 3
TITLE	PD	□ petric	1,2 NAME					•		'
NAME	MEADOWS, LAWRENCE M.				90	0 - ZIIZ Sunse	- 1t	troor		8
STREET ADDRESS	1 FLAGLER AVE			ADDRESS (	$\alpha$	MI BEACH FL	221	75		}
CITY-ST-ZIP	STUART FL	☐ DELETE	14 CITY-ST	1-ZIP	7 II A	MI BEACIA FL		Change	Addition	{
			22 NAME					_ ,	_	
NAME			2.3 STREET ADDRESS							
STREET ADDRESS			2.4 CITY-S							
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	1-41				☐ Change	Addition	1
NAME			3.2 NAME	ļ .						1
STREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP			3,4. CITY- S							
TITLE		☐ DELETE	4,1 TITLE					Change	Addition	1
NAME			4 2 NAME							
STREET ADDRESS			4,3 STREET ADDRESS							
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TITLE		DELETE	5.1 TITLE	+-				Change	Addition	}
NAME			52 NAME							
STREET ADDRE IS			5 3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	1
NAME			6.2 NAME							1
STREET ADDRESS			6.3 STREET	ADDRESS						
			•							1

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 cartify that the information indicated on this annual report or suppliemental 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 of the receiver of 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 aron an attach night with an address, with a lother like empowered.

SIGNATURE:

TURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR