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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

PILANTI ASSOCIATES INC.

Principal Place of Business Mailing Address								1 15011003 110 10101 01311 01	ILLI M#HIL MAH			100 (3) (1 00 (
I			8 LARKSPUR LANE LINGTON FL 33414-8252									
				· - · · · - · ·				Date Incorporated or 6 09/08/1995	Qualified		te of Last F)8/1996	Report
2. Principal Place of Business 2a. Mailing Address								FEI Number			A	pplied For
21 26 City April # oto								65-0610454			N	ot Applicable
22 27			Suite, Apt. #, etc.				5.	Certificate of Status De	esired			Additional lequired
City & State			City & State				6.	Election Campaign Fir	_			May Be
Zip	Country	28 Zij		1 6	ountry			Trust Fund Contributio				to Fees
24	25	 1	Р		א יוו וטע		8.	This corporation has li			tax under s No	s. 199.032,
29	9, Name and Address of Cu	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	ed Agent	30	1		10	Florida Statutes Name and Address of				
SDC	OTTS, THOMAS			· · · · · · · · · · · · · · · · · · ·	81	Name	10.	Numb und Address C	11011110	giate ou A	Bour	·
143	88 LARKSPUR LANE				82	Street Ad	dress (F	O. Box Number is Not	Acceptab	ole)		
WE	LLINGTON FL 33414				83							
					84	City				FL	85 Zip	Code
11, Pursuant office or r agent. I a	to the provisions of Sections 607, registered agent, or both, in the S im familiar with, and accept the o	.0502 and 607. State of Florida. Obligations of, Se	1508, Florida Sta Such change wa ection 607,0505,	tutes, the is authoriz Florida St	above od by atutos	-named co the corpor	orporatio ration's t	n submits this statemer poard of directors. I her	nt for the p eby accep	ourpose of of the appo	changing i intment as	its registered s registered
SIGNATURE	·	-										
SIGNATURE												
	Signature, typed or printed name of registere					n: signature rec				DATE		
12.	OFFICERS	ed agent and title if ap S AND DIRECTO	ORS	13	١,	n: signature rec		reinstating) ADDITIONS/CHANGES	10 OFFIC			
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14. I do 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.

FILED

May 15 1997 8:00am

Secretary of State