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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90042 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # P97000031242

1. Corporation Name

AUTOPILOT EXPRESS, INC.

Principal Place of Business

Mailing Address

370 SE 7th ST
POMPANO BEACH, FL 33060

370 SE 7th ST
POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1391 S ANDREWS AVE

Suite, Apt. #, etc.

22

City & State

23 POMPANO BEACH, FL

Zip

24 33069

Country

25

2a. Mailing Address

26 1391 S ANDREWS AVE

Suite, Apt. #, etc.

27

City & State

28 POMPANO BEACH, FL

Zip

29 33069

Country

30

3. Date Incorporated or Qualified

04/07/97

4. FEI Number

65-0742153

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHEN M DELONG
370 SE 7th ST
POMPANO BEACH, FL 33060

81 Name
STEPHEN M DELONG

82 Street Address (P.O. Box Number is Not Acceptable)
1391 S ANDREWS AVE

83

84 City
POMPANO BEACH, FL

FL

85 Zip Code
33069

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 D ☐ DELETE

NAME STEPHEN M DELONG

STREET ADDRESS 370 SE 7th ST

CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE PVST ☐ DELETE

NAME STEPHEN M DELONG

STREET ADDRESS 370 SE 7th ST

CITY-ST-ZIP POMPANO BEACH, FL 33060

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 D ☒ Change ☐ Addition

1.2 NAME STEPHEN M DELONG

1.3 STREET ADDRESS 1391 S ANDREWS AVE

1.4 CITY-ST-ZIP POMPANO BEACH, FL 33069 ☒ Change ☐ Addition

2.1 TITLE PVST ☐ Change ☐ Addition

2.2 NAME STEPHEN M DELONG

2.3 STREET ADDRESS 1391 S ANDREWS AVE

2.4 CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/12/99 954-612-1435

CRE034 (10/97)