**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000026568

PILOT ISLAND PUBLISHING, INC.

Principal Place of Business Malling Address					I (BEINER) ille ravat imilia escu a successiva escu		21191 1011 1021
123 SOUTH WOODLAND STREET 123 SOUTH WOODLAND S' WINTER GARDEN EL 34787 WINTER GARDEN EL 34787							
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
			_		03/18/1998		
Principal Place of Business     2a. Mailing Address					4. FEI Number		plied For
21		26			59-3504085	<del> </del>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22		City & State			6. Election Campaign Financing	\$5.00	May Bo
City & Stat		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Count	ту	8. This corporation owes the current year i	ntangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			ļ8	1 Name			1
	SSE, JAMES H		a	2 Sireet A	ddress (P.O. Box Number is Not Acceptable)		
2 SOUTH ORANGE AVENUE			]_				
UKL	ANDO FL 32802		l*	3			
			a	4 City	F	85 Zip C	ode
11. Pursuant office or ragent. 1 a	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the oblig	etions of, Section 607.0505, F	orida Statute	es.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its ointment as reg	registered gistered
	Signature, typed or printed name of registered ag-			jent signeture rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	NO DIRECTO	RS (N 12
12.	···	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D COCHOLIED OTERHEN C	C VELLIE	12 NAM	i l			_
NAME	Froelicher, Stephen F   123 South Woodland Str	EET		ET ADDRESS			
STREET ADDRESS	WINTER GARDEN FL 34787	ECI	1.4 CITY				ŀ
CITY-ST-ZIP	D	☐ DELETE	2.1 mus			Change	Addition
NAME	BRIGHAM, LEE		2.2 NAM				ĺ
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	EUGENE OR 97401		2 4 011	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM	E			
- STREET ADDRESS			335114	ET ADORESS -			-
CITY-ST-ZIP				-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			Critingo	
NAME			4, 2 NAM				Į
STREET ADDRESS	]			ET ADDRESS			}
CITY-ST-ZIP		☐ DELETE	4.4 CITY		<del></del>	☐ Change	Addition
TITLE		_ 5	5.2 NAM				}
STREET ADDRESS			5.3 STRE	ET ADDRESS			ļ
C/TY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	1		6,2 NAM	E \			-
	1	grade-		ET 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 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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an advises, with all other large empowered.

STREET ADDRESS CITY-ST-ZIP

May 04, 1999 8:00 am Secretary of State

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