

AMENDED

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

APPROVED AND FILED

99 SEP - 7 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P98000026568*

1. Corporation Name
Pilot Island Publishing, Inc

Principal Place of Business <i>123 S. Woodland St. Winter Garden, FL 34787</i>	Mailing Address <i>123 S. Woodland St. Winter Garden, FL 34787</i>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/18/99

4. FEI Number
59-3504085 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

*Buesse James H
2. South Orange Ave
Orlando, FL 32802*

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
*PHILIP J. BUESS
-09/09/99--01073--006*

83 ******61.25 *****61.25*

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	<i>D</i>	<input type="checkbox"/> DELETE
NAME	<i>FROELICHER, Stephen F</i>	
STREET ADDRESS	<i>123 S. Woodland St.</i>	
CITY - ST - ZIP	<i>Winter Garden, FL 34787</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Bingham, Lee</i>	
STREET ADDRESS	<i>275 S. Sandy Dr.</i>	
CITY - ST - ZIP	<i>EUGENE, OR 97401</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>PS</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Froelicher Stephen F</i>	
1.3 STREET ADDRESS	<i>123 S. Woodland St.</i>	
1.4 CITY - ST - ZIP	<i>Winter Garden, FL 34787</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

Signature 9-8-99 407-877-0017

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, with all other like empowered.

SIGNATURE: *Stephen F. Froelicher* 9-8-99 407-877-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)