

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

20 JUL 14 PM 12:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800DD44317
1. Corporation Name
Pilot Services, Inc.

Principal Place of Business Mailing Address
701 S.E. 6th Avenue, Suite 201E
Delray Beach, FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1/7/99

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0839113	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Country	29	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	Country	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
Patricia V. Cohen & Associates, P.A. 1650 S. Dixie Hwy - 4th Fl. Boca Raton, FL 33432		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85 Zip Code
			FL	

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 Patricia V. Cohen, Esq. DATE 5/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	1.2 NAME	
STREET ADDRESS	Michael Sands	1.3 STREET ADDRESS	
CITY-ST-ZIP	701 S.E. 6th Ave. Suite 201E Delray Beach, FL 33483	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Secretary	2.2 NAME	
STREET ADDRESS	Anatoly Aptek	2.3 STREET ADDRESS	
CITY-ST-ZIP	701 S.E. 6th Ave. Suite 201E Delray Beach, FL 33483	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President / Treasurer	3.2 NAME	
STREET ADDRESS	Sergey Krikun	3.3 STREET ADDRESS	
CITY-ST-ZIP	7813 E. 6th Ave. Suite 201E Delray Beach, FL 33483	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5/17/99 90017 009 \$50.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Patricia V. Cohen, Esq. DATE: 5/11/99 DAYTIME PHONE: 561-395-3200

7/23/99

CR2E034 (11/98)