

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # 706774 (7)  
1. Corporation Name  
SKY RANCH APARTMENTS, INC.

MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
BALZOLA, MYRIAN  
3424 S.E. 12TH STREET  
POMPANO BEACH FL 33062  
US  
COOMBS, OLIVER, P. III  
3424 S.E. 12TH STREET  
POMPANO BEACH FL 33062  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/30/1964</b>	3a. Date of Last Report <b>04/05/1994</b>
4. FEI Number <b>59-1102045</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. <b>SKY RANCH APTS., INC</b> State, Apt. #, etc 22. <b>3424 SE 12th STREET</b> City & State 23. <b>POMPANO BEACH, FL</b> Zip 24. <b>33062</b>	2a. Mailing Address 26. <b>SKY RANCH APTS., INC</b> State, Apt. #, etc 27. <b>3424 S.E. 12th ST. #A-7</b> City & State 28. <b>POMPANO BEACH FL</b> Zip 29. <b>33062</b>	Country 25. <b>U.S.A.</b>	Country 30. <b>U.S.A.</b>
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9. Name and Address of Current Registered Agent  
COOMBS III, OLIVER P  
3424 SE 12TH ST #C-4  
SKY RANCH  
POMPANO BEACH FL 33062

81. Name <b>FRED A. LEERS</b>	85. Zip Code <b>33062</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3424 SE 12th ST #C-3</b>	
83. <b>SKY RANCH</b>	
84. City <b>POMPANO BEACH FL</b>	

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 0805, Florida Statute.  
SIGNATURE: *Fred A. Leers* Date: **4/24/95**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD COOMBS, OLIVER P 3424 SE 12TH ST #C-4 POMPANO BEACH, FL 00000
TITLE NAME STREET ADDRESS CITY ST ZIP	T LEERS, FRED 3424 S.E. 12TH ST. C-3 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SNYDER, JOHN W 3424 S.E. 12TH ST. C-2 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D GUTENKONST, HEINZ 3424 SE 12TH STREET D-5 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	SD BALZOLA, MYRIAN- MYRIAM 3424 S.E. 12TH ST. D-2 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	TREASURER COOMBS, OLIVER P. 3424 SE 12th ST. #C-4 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	PRESIDENT/DIR. LEERS, FRED A. 3424 SE 12th ST. #C-3 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	BALZOLA, MYRIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked and qualify for the exemption stated in Section 119 07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred A. Leers* Date: **4/24/95 (305) 941-4647**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR