


FILE NOW: FILING FEE AFTER MAR 1 IS \$550.00

FILED
Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02800 (5)
1. Corporation Name
SKYDATA, INC.



Principal Place of Business C/O O'BRIEN, JAMES 516 N HARBOR CITY BLVD MELBOURNE FL 32935 US	Mailing Address C/O O'BRIEN, JAMES 516 N HARBOR CITY BLVD MELBOURNE FL 32935-6838 US
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3. Date Incorporated or Qualified 07/14/1989	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 7780 Technology Drive Suite, Apt. #, etc.	2a. Mailing Address 26 7780 Technology Drive Suite, Apt. #, etc.
22 W, Melbourne, Florida City & State	27 W, Melbourne, Florida City & State
23 32904 Zip	28 32904 Zip
25 Country	30 Country

4. FEI Number 59-2961358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**O'BRIEN, JAMES M
1686 WEST HIBISCUS BLVD
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPCS	<input type="checkbox"/> DELETE
NAME	TODD, JOHN R.	
STREET ADDRESS	7780 TECHNOLOGY DR	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BLOCK, M J, JR	
STREET ADDRESS	7780 TECHNOLOGY DR	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UCHARD, H	
STREET ADDRESS	7780 TECHNOLOGY DR	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HWANG, K T	
STREET ADDRESS	7780 TECHNOLOGY DR	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DO, S. H	
STREET ADDRESS	7780 TECHNOLOGY DRIVE	
CITY-ST-ZIP	W. MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EREZ ANTEBI	
2.3 STREET ADDRESS	7780 TECHNOLOGY DR	
2.4 CITY-ST-ZIP	W. MELBOURNE, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YOEL GAT	
3.3 STREET ADDRESS	7780 TECHNOLOGY DR	
3.4 CITY-ST-ZIP	W. MELBOURNE, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AMIRAM LEVINBERG	
4.3 STREET ADDRESS	7780 TECHNOLOGY DR	
4.4 CITY-ST-ZIP	W. MELBOURNE, FL	
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		

14. I do 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: **2/10/97**
Daytime Phone #: **407-723-4985**

CR2E034 (9/96)