

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED
 10/2

97 SEP 11 PM 10:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # M34449 (2)
 1. Corporation Name SKY RIDERS, INC.



Principal Place of Business: % JOHN G. DRAGONAS, 1060 COCOANUT ROAD, BOCA RATON FL 33432-7631
 Mailing Address: % JOHN G. DRAGONAS, 1060 COCOANUT ROAD, BOCA RATON FL 33432-7631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/30/1986	08/14/1996
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Country	65-0199942	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent
 DRAGONAS, JOHN G.
 1060 COCOANUT ROAD
 BOCA RATON FL 33432

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	D	<input type="checkbox"/> DELETE
NAME	DRAGONAS, JOHN G.	
STREET ADDRESS	1060 COCOANUT ROAD	
CITY-ST-ZIP	BOCA RATON FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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 ****165.00 ****165.00

J. Alan
 9/11/97

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: _____ DATE: 9/15/97 (511) 392-4094

CR2E034 (4/97)

pg. 2 of 2

JOHN G. DRAGONAS
1060 Cocoanut Road
Boca Raton, Florida 33432

(407) 392-4094

September 8, 1997

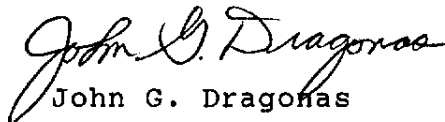
Ms. Amy Alan
Division of Corporations
Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Alan:

Thank you for the information and assistance that you provided in our telephone conversation today. Pursuant to our discussion I am submitting the following information. Enclosed you will find my completed 1997 Annual Report form and check(#641) in the amount of \$165.00 as payment for Sky Riders, Inc.

As I explained, I have been out of state most of the year due to business and personal reasons which necessitated having my mail forwarded to me. Unfortunately, for whatever reason I never received a first notice. Upon my recent return I found this second notice along with my other mail. Thank you for your attention regarding this matter.

Sincerely yours,


John G. Dragonas