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

DOCUMENT # P93000067626

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SKILL ENTERPRISES INC

| | LIVIEN MOLO, MO. | | | | |
|---|---|---|--|--|---|
| Principal Place | e of Business | Mailing Address | | | \$ \$ |
| 9210 N 4TH ST 9210 N 4TH ST ST. PETERSBURG FL 33702 US US | | | | DO NOT WRITE IN THI | S SPACE |
| US . | | 03 | | 3. Date Incorporated or Qualifed 09/23/1993 | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3207595 | - Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year 1 | |
| 24 | 25 | | 30 | Personal Property Tax. | Yes No |
| | 9. Name and Address of Curre | ent Registered Agent | 81 Name | 10. Name and Address of New Registere | u Agent |
| I AMI | REDT LAUDENCE L | | | | |
| LAMBERT, LAURENCE L 6059 (94TH AVENUE NORTH) | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| 16TH LANE N.E. | | | 605 83 | 9 16-44 COLE 11,L | |
| | PETERSBURG FL(33782 | | 03 | | |
| | | | 84 City | F | |
| 11. Pursuant | to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statutes | s, the above-named co | propration submits this statement for the purpose cation's board of directors. I hereby accept the app | of changing its registered |
| office or n | egistered agent, or both, in the Stat in familiar with, and accept the oblig | e or Florida, Such change was autipations of Section 607.0595, Florid | da Statutes. | stion's board of directors. Thereby accept the app | Onignatic de regiotores |
| SIGNATURE | | Too C | • | 1-14- | -55 |
| | Signature, typed or printed name of registered as | gent and title if applicable. (NOTE: I | Registered Agent signature requ | uired when reinstating) DATE | |
| 12. | | | | | NID DIDECTORS IN 12 |
| 1 | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS / | |
| TITLE | PSTD | | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS / | AND DIRECTORS IN 12 Change Addition |
| TITLE NAME | PSTD LAMBERT, SUSAN I | AND DIRECTORS | 13. 1.1 TITLE 12 NAME | ADDITIONS/CHANGES TO OFFICERS / | |
| TITLE | PSTD LAMBERT, SUSAN I 6059 16TH LANE NE | AND DIRECTORS | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS | Vice President Andrea Pichardo 1443 Orpine Dive H | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD LAMBERT, SUSAN I 6059 16TH LANE NE ST. PETERSBURG FL | ND DIRECTORS DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP | ADDITIONS/CHANGES TO OFFICERS / | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PSTD LAMBERT, SUSAN I 6059 16TH LANE NE ST. PETERSBURG FL P | AND DIRECTORS | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE | Vice President Andrea Pichardo 1443 Orpine Dive H | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PSTD LAMBERT, SUSAN I 6059 16TH LANE NE ST. PETERSBURG FL P LAMBERT, LAURENCE L | ND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | Vice President Andrea Pichardo 1443 Orpine Dive H | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PSTD LAMBERT, SUSAN I 6059 16TH LANE NE ST. PETERSBURG FL P LAMBERT, LAURENCE L 6059 16TH LANE NE | ND DIRECTORS DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | Vice President Andrea Pichardo 1443 Orpine Dive H | ☐ Change ☐ Addition |
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90024 009 ***150.00