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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 19 1997 8:00am

Secretary of State

Sandra 🤼 Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042952 (7)

SKS CONSULTING CORP.

CITY-ST-ZIP

Principal Plac		Mailing Address					1 I BOTTOUT THO FOLIE BANK COATE OF	380 WW130 WW307 W6	618 13912 12191 WIN	O E7 B	
855 SOUTH FEDERAL HIGHWAY STE 113			855 SOUTH FEDERAL HIGHWAY STE 113								
BOCA RATON FL \$3432			BOCA RATON FL 33432-6130								
								Date Incorporated or Qual 05/13/1996	ified 3a.	Date of Last F	Report
· ·	lace of Business	2a. Mailing Address					4. FEI Number		A	pplied For	
21	·		26					65-066395	حک		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desire	d 💢	T T T T T	Additional	
City & State	a	27								equired	
23		28					Election Campaign Financi Trust Fund Contribution	ing		May Be to Fees	
Zıp		Country	Zip		Country	,		This corporation has liabilit	-		
24	25		29	30	5			Florida Statutes	,	☐ No	, 100.002,
	9. Name and	Address of Current I	Registered Agent				1	0. Name and Address of Ne	w Registere	d Agent	
	KIN, LEE D				81	Name	16.	and Ila Dinia	100		
855	SOUTH FEDER	al Highway			82	StreeLA	Aridress	(P.O. Box Number is Not Acc	epiable)		
STE	11\$					8	355	S. Federal	Hwill.	. St≥.	. 1(3
BOO	CA RATON FL 3	3432			83					j	
					84	Cit		~ .		lee l Zin	Codo
			_		İ	Cit B	Oca	Katon	F	L ⁸⁵ 🖧	3432
11. Pursuant	to the provisions o	Sections 607.0502	md 607.1508, Flor	rida Statutes,	the abov	e-named c	corpora	tion submits this statement for s board of directors. I hereby	the purpose	of changing i	ts registered
agent. t a	egistered agent m familiar with, an	d accept the chargeti	r Florida. Such cha ons of, Section 60:	inge was auti 7.0505, (Florid	norized by la Statute:	y the corpo	oration's 1	s board of directors. I hereby	accept the a	ppointment as	registered
SIGNATURE			Len						113	197	
	Stonature, types or price	name of registered agent a		(NOTE: Fi	legislered Age	ent signature re	required w	hen roinstaling)	DATE	4-3-4	
12.	<u> </u>	OFFICERS AND		NE FYE	13.			ADDITIONS/CHANGES TO	OFFICERS AI		
TITLE	PD CAEDUNG C	HEI DOM	الا	DELETE	1.1 TITLE					Change	☐ Addition
NAME	SMERLING, S	nelijon EDERAL HIGHWAY	,		1.2 NAME						
STREET ADORESS	BOCA RATON		ı		1.3 STREET						1
CITY-ST-ZIP	SD RATOR	FL 33432		סדו כזכ	1.4 CITY - S	T-ZIP				100	14.730
TITLE	SMERLING, C	ADOI		DELETE	2.1 TITLE					L! Change	☐ Addition
NAME		ANOL EDERAL HIGHWAY	,		2.2 NAME			•			ŀ
STREET ADDRESS	BOCA RATON)		2.3 STREET	i					
CITY-ST-ZIP TITLE	DOOK TATUN	TL 00406		DELETE	2 4 CITY-5 3 1 TITLE	ST-ZIP				Change	☐ Addition
NAME			L) t	ALLIK	3 1 NAME					C. Cuande	L ADDITION
STREET ADDRESS					3.3 STREET	ADDRESS					
İ											
CITY-ST-ZIP TITLE			Пг	DELETE	3.4. CITY-S 4.1 TITLE	>1-ZIP				Change	Addition
NAME			щ.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. 2 NAME	ŀ				LL Onlings	Addition
STREET ADDRESS						2230004					
CITY-ST-ZIP					4.3 STREET						ŀ
TITLE	***		ı	DELETÉ	5.1 TITLE	1-217				Change	Addition
NAME					5.2 NAME					E Similar	rigorition
STREET ADORESS					5.3 STREET	ADOBLEC					
CITY-ST-ZIP					5.4 CITY - S						
TITLE				DELETE	6.1 TITLE	1-411				Change	Addition
NAME				·	6.2 NAME					2nango	
STREET ANDRESS					!	ADDRECC					

6.4 CITY - ST - 7IP 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 12 or Block 12 or on an affactment with an address.