

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V66660 (4)
1. Corporation Name
SKYWAY '92 CORP.

Principal Place of Business Mailing Address
C/O Peter Lawrence COMM RE **C/O PETER LAWRENCE COMM RE**
4710 EISENHOWER BLVD **4710 EISENHOWER BLVD**
C-1 **C-1**
TAMPA, FLORIDA 33634 **TAMPA, FLORIDA 33634**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
09/25/1992	04/29/1995
4. FEI Number	Applied For
59-3143953	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
HOROWITZ, LAWRENCE D
4710 EISENHOWER BLVD
C-1
TAMPA, FLORIDA 33634

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 re-appointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ABRAMS, ALLAN	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA, FLORIDA 33634	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOROWITZ, LAWRENCE D	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA, FLORIDA 33634	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ABRAMS, ELAINE	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA, FLORIDA 33634	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LLEWELLYN, ROBERTA	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY - ST - ZIP	TAMPA, FLORIDA 33634	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Allan Abrams* **8/29/96** **813 889-8855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Allan Abrams, Chairman