

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

FILED

**Feb 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V66660 (4)
1. Corporation Name
SKYWAY '92 CORP.



Principal Place of Business *PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD. C-1 TAMPA FL 33634	Mailing Address *PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD. C-1 TAMPA FL 33634
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/25/1992
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3143953
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ABRAMS, ALLAN 4710 EISENHOWER BLVD SUITE C-1 TAMPA FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ALLAN	1.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, JAMES J.	2.2 NAME	Shapiro, James J
STREET ADDRESS	4710 EISENHOWER BLVD., C-1	2.3 STREET ADDRESS	4710 Eisenhower Blvd., C-1
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ELAINE	3.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN, ROBERTA	4.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *James J. Shapiro* **James J. Shapiro, President 1/26/98 (813)889-8855**

CR2E034 (10/97)