


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V66660 1. Entity Name SKYWAY '92 CORP.	
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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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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3143953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABRAMS, ALLAN 4710 EISENHOWER BLVD SUITE C-1 TAMPA, FL 33634	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ABRAMS, ALLAN 4710 EISENHOWER BLVD. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC SHAPIRO, JAMES J. 4710 EISENHOWER BLVD., C-1 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ABRAMS, ELAINE 4710 EISENHOWER BLVD. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LLEWELLYN, ROBERTA 4710 EISENHOWER BLVD. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOOVER, KRISTOPHER 4710 EISENHOOVER BLVD STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/20/04-80041-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristopher M. Hoover 3/19/04 Date 613-889-8955 Daytime Phone #