

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

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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 577410 (4)

1. Corporation Name
DIXIE SKY CORP.

Principal Place of Business Mailing Address
~~10250 SW 56th Street Suite 206~~ 14411 S. Dixie Hwy.
~~MIAMI FL 33176~~ MIAMI FL 33176



2. Principal Place of Business 2a. Mailing Address
21 14411 S. Dixie Hwy. 26 14411 S. Dixie Hwy.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 206 27 Suite 206
City & State City & State
23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country
24 33176 25 33176 29 33176 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/28/1978 02/02/1996
4. FEI Number Applied For
59-1848795 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KING, WILLIAM P. 81 Name
14411 S. Dixie Hwy. 82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33176 83 Suite 206
84 City 85 Zip Code
Miami FL 33176

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	KING, WILLIAM P.	12 NAME	
STREET ADDRESS	14411 S. Dixie Hwy.	13 STREET ADDRESS	14411 S. Dixie Hwy. Suite 206
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP	Miami, Florida 33176
TITLE	SD	21 TITLE	
NAME	FAGEN, MILDRED H.	22 NAME	
STREET ADDRESS	10250 SW 56th St. Suite 206	23 STREET ADDRESS	14411 S. Dixie Hwy, Suite 206
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP	Miami, Florida 33176
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 of this report or in an attachment with an address.

SIGNATURE: William P. King 2-6-97 (305) 253-3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)