PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

02-26-1999 90047 037 ***150.00

1. Corporation	MENT # 187159 SKI BUILDING CO	•					
Principal Place	e of Business	Mailing Address			I 1984 S.) HINDE ANCH (1985) HINDE DIVING HILL DIR	'il Millit Billit millit mi	.WIL BIE() 1881
540 SW 10 AVENUE 540 SW 10 AVENUE FT. LAUDERDALE FL 33312-2544 US US			2544		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 08/12/1955		ļ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	olied For
21		26			59-0832337	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22		27			5. Scringate of States Desired	Fee Rec	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year	Intangible ☐ Yes	D¥No
24	25		10		Personal Property Tax. 10. Name and Address of New Registere		THINO
	9. Name and Address of Currer	nt Registered Agent	81	Name		a Agein	
SADOWSKI, ROBERT M							
540 SW 10TH AVENUE				Street	t Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33312			83				
				City	F	85 Zip C	ode
office or r	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was autations of, Section 607.0505, Florid	norized by da Statutes	tne corp	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the properties of the purpose of the pur	ointment as reg	jistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVTS DELETE		1.1 TITLE			Change	Addition
NAME	SADOWSKI, ROBERT M.		1.2 NAME				
STREET ADDRESS	540 SW 10 AVENUE		1.3 STREE	T ADDRESS	\$ 		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-S	T-ZIP			
TITLE	V □ DELETE		2.1 TITLE		V	Change	Addition
NAME	GURRIN, SEAN		2.2 NAME		GUERIN, SEAN BUDGO ACACIA CT FORT GUDGEDOLG FI	•	
STREET ADDRESS			2.3 STREE	T ADDRESS	BLOOD ACACIA CT		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-	ST-ZIP	FORT COUDERDALE, PI	<u> 33350)</u>	
TITLE	DELETÉ 3.		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS	3	•	
CITY-ST-ZIP			3.4. CITY-9	ST-ZIP	<u> </u>		☐ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4, 2 NAME				ĺ
STREET ADDRESS				T ADDRESS	5		
CITY-ST-ZIP		Doctor	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			(_) Change	C Addition
NAME			5.2 NAME	T ADDRESS			
STREET ADDRESS			5.3 STREE		1		
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE	M^AIT		Change	☐ Addition
TITLE NAME			6.2 NAME			<u> </u>	_ ·
HAME	1				1		

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 changes, or on an attachment with an address, with all other like empowered.

IG OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS