

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 # 278799 (2)

1. Corporation Name

SKY LAKE GARDENS RECREATION INC



Principal Place of Business

Mailing Address

% AL GOLDMAN
2630 NE 203RD ST #103
N MIAMI BCH FL 33180

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2630 NE 203RD ST #103
N MIAMI BCH FL 33180

3. Date Incorporated or Qualified

02/24/1964

3a. Date of Last Report

03/13/1995

4. FEI Number

59-1083905

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 20700 W. DIXIE HWY

22 City & State

27 #100

23 Zip Country

28 N. MIAMI BEACH FL

24 Zip

25 Country

29 33180

30 Country

9. Name and Address of Current Registered Agent

GOLDMAN, AL
2630 NE 203RD ST #103
N MIAMI BCH FL 33180

10. Name and Address of New Registered Agent

81 Name: GOLDMAN, CARL
82 Street Address (P.O. Box Number is Not Acceptable): 20700 W. DIXIE HWY
83 #100
84 City: N. MIAMI BEACH FL 85 Zip Code: 33180

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

Carl Goldman

Signature (typed or printed name of registered agent or director) (DATE)

(DATE) Registered Agent signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOLDMAN, DAVID	
STREET ADDRESS	2630 NE 203RD ST #103	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, PAUL	
STREET ADDRESS	2630 NE 203RD ST #103	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	GOLDMAN, CARL		
1.3 STREET ADDRESS	20700 W. DIXIE HWY #100		
1.4 CITY-ST-ZIP	N-MIAMI BEACH FL 33180		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Goldman

DATE

DISPATCH NUMBER

CR2E034 (12/95)