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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 350220

(0)

EYE IN THE SKY, INCORPORATED

Mailing Address

800-802 SOUTH HOWARD AVENUE

500-502 SOUTH HOWARD AVENUE

**FILED** May 14 1997 8:00am Secretary of State



TAMPA FL 330	806		TAMPA FL 33606-2038												
										-	08/01/1969 05/01			of Last Report 1/1996	
2. Principal P	lace of Busin	2	2a. Mailing Address						4. FEI Number			Applied For			
21					26						04-2461708			Not Applicable	
Sulte, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State					City & State						Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25				7(p Cou 9 30			untry	/						
	9. Name	and A	ddress of Cui	rrent Reg	stered A	gent		I	· · · · · · · · · · · · · · · · · · ·	1	0. Name and Address of New Re	gistered /	Agent		
280	HN J. HOLM 17 PARKLAN MPA FL 336	id Bl						81 82 83	Street	Address	s (P.O. Box Number is Not Accepta	ble)	· <u>-</u>		
								84	City			FŁ	<b>85</b> Zi	p Code	
11. Pursuant office or r agent. I a	to the provisi registered ag im familiar wil	ons o ent, o th, an	Sections 607.  r both, in the Sid accept the of	0502 and tate of filo bligations	607.1500 rida Suc of, Section	3, Florida Statu h change was on 607.0505, F	ites, the a authorize lorida Sta	bov d by	e-named y the corp s.	corpora poration	ation submits this statement for the 's board of directors. I hereby acce		changing ointment	g its registered as registered	
SIGNATURE	Signature, typed	or guinte	d name of registered	d agent and t	ille d'applicat	ole (NO	If Hogisten	od Age	ont signature	required v	hon reinstating)	DATE			
12.			OFFICERS	AND DIR	ECTORS		13.				ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	COB					DELETE .	1.1.1	HLE					Chang	e 🔲 Addition	
NAME	MENDEL						1.21	IAME							
STREET ADDRESS	2807 PAI		ND BLVD.				1.3 9	TREET	ADDRESS						
CITY-ST-ZIP	TAMPA F	<u> </u>				<b>—</b>			ST - ZIP						
TITLE	P					DELETE	2.1 7						☐ Chang	e 🔲 Addition	
NAME	HOLMES						2.21								
STREET ADDRESS	2807 PAI		nd Blvd.				2.3 9	TREET	I ADDRESS						
CITY-ST-ZIP	TAMPA F	L_				N-/			S1-ZIP						
TITLE	ST					DELETE	317	-		डा	un A Holmer		☐ Chang	e Addition	
NAME			I, MAURA S			•	3.2 N			JŴ.	1616 4 1913 MASS				
STREET ADDRESS	749 SAN						1		ADDRESS	280	nelle A. Ilginges 17 Rux Lland Biva 10a, Fl 33606				
CITY-ST-ZIP	BRANDO	N FL				DELETE			ST-7/P	1000	100, PL 35000		Chang	e Addition	
TITLE	VP	<b>371 (</b> E	PAN			LJ DELEVE	411				•			e [_] Addition	
NAME	ERIC BAI							NAME							
STREET ADDRESS	ST. PETE		RRACE, N.				1		ADDRESS						
CITY-ST-ZIP TITLE	OI. FEIE	מכח.	UNU FL			DELETE	5.1 1		SI - ZIP	<del> </del>			Chang	e Addition	
NAME						bitter		IAMÉ					onang	D [] 7.00((()))	
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STREET ADDRESS									I ADDRESS \$1 - ZIP						
CITY-ST-ZIP TITLE						DELETE	6.1 1		51 - ZIF	<u> </u>			Chang	e Addilion	
NAME								IAME						, COMO	
									T ADDRESS						
STREET ADDRESS									1 AUUMESS C1_71P						

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this armont 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 proportion 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 3 if changed or or an attachment with an address