DOCUMENT #	471740	_

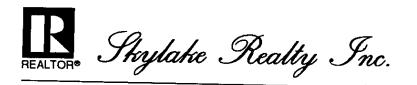
1. Entity Name

SKYLAKE REALTY, INC.

					, w	1				
Principal Pla	ce of Busines	s	Mailing Address	· · · · · · · · · · · · · · · · · · ·	—- <i> </i>	ľ				
1859 NE 185 NORTH MIAI	5TH STREET MI BCH FL 331	79	1865 N.E. 185TH ST. NORTH MIAMI BCH FL 33	1179	1.	/		•		
					.~) 88 11 816	 	
2. Principal	Place of Busi	ness	3. Mailing Address 1859 NE 185	STREE	7					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State NORT H MINMI BEACH, FLA		4.	FEI Number 59-1595284			Applied For		
Zip		Country	33179	Country USA	761	5. (Certificate of Status Desired		\$8.75 AG	not Applicable
	6. Name	and Address of Current F		037				_	Fee Requir	
		and Address of Current	tegistered Agent	Name		7. N	Name and Address of New R	gistere	d Agent	
RITTER,							-		<u>,,</u>	
1865 N.E	. 185TH ST.			Street	Address (F	P.O. B	Box Number is Not Acceptable)		
NORTH N	MIAMI BCH I	L 33179								
				City				F	Zip Cod	de
The above the obliga	e named entity tions of regist	submits this statement for ered agent.	the purpose of changing its	registered office	or registere	ed age	ent, or both, in the State of Flor	ida. I ar	m familiar with	, and accept
SIGNATURE										
_	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signa	ature required v	when rei	instating)	DATE		
9. This corp	oration is eligi	ble to satisfy its Intangible	FILE NOW!!	FEE IS \$550	2.00					
Tax filing	requirement a ria on back)	nd elects to do so.	After September 13, Make Check Payabl	2002 Fee will	be \$750.0	00 e	10. Election Campaign Fina Trust Fund Contribution		□ \$5.0 Adde	OO May Be d to Fees
11.		OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	DERS AN	ND DIRECTOR	RS IN 11
TITLE	P	ik iP	☐ Delete	TITLE	T	-			☐ Change	☐ Addition
NAME Street address	RITTER, JU	ine Idrews RD		NAME						
CITY-ST-ZIP		OD FL 33021		STRÉET ADDRESS CITY-ST-ZIP						
TITLE	ST		☐ Delete	TITLE					☐ Change	Addition
NAME	RITTER, JU		D01010	NAME					☐ Change	☐ Addition
STREET ADDRESS		Drews RD		STREET ADDRESS						1
CITY-ST-ZIP	HOLLYWO	OD FL 33021		CITY-ST-ZIP						
TITLE			Delete	TITLE	1				☐ Change	☐ Addition
STREET ADDRESS			-	NAME STREET ADDRESS			-	-		
CITY-ST-ZIP				CITY-ST-ZIP						
TLE			☐ Delete	TITLE					Change	Addition
IAME				NAME				\bigcirc	*:	L. J. Addition
TREET ADDRESS				STREET ADDRESS						Ì
ITLE				CITY-ST-ZIP	1					
AME			☐ Delete	TITLE NAME					☐ Change	☐ Addition
TREET ADDRESS				STREET ADDRESS						1
ITY-ST-ZIP				CITY-ST-ZIP						1
TLE			☐ Delete	TITLE					☐ Change	Addition
AME				NAME						
TREET ADDRESS				STREET ADDRESS						
VI 211				CITY-ST-ZIP	1					

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



attachuf 47/140 12/501

1859 N.E. 185th Street (MIAMI GARDENS DRIVE) North Miami Beach, Florida 33179

> Phone: (305) 931-5375 Fax: (305) 932-3253

Division of Corporations Uniform Business Report Filings P.O. BOX 1500 Tallahassee, FL 32302-1500

Dear Sirs: -

Apparently, I did not receive this years Business Report in the mail. It was possibly due to the fact that my mailing address is not "1865 N.E. 185th Street". I had my office moved to 1859 N.E. 185th Street. 1865 is a rehabilitation clinic.

I would have surely paid on time had I received the invoice. I am truly sorry for your inconvenience. My check for \$150.00 is enclosed.

Respectfully yours;

Carl Ritter, Realtor-Broker