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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 558154

(1)

**SKYWARD CORPORATION** 

Principal Place of Business

Mailing Address

RECE MAGNOLIA ST

## **FILED** May 05 1997 8:00am Secretary of State



GIBSONTON FL 33534			GIBSONTON FL 33534-4502					
						3. Date Incorporated or Qualified 01/26/1978	3a. Date of La	
2. Principal P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			<b>59-1801255</b> Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 1	5 Additional
22		27				5. Contineate of States Desired	└ Fe	e Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
Zip	Country	Zip	<b>├</b> ──	Country		8. This corporation has liability for intarrigible tax under s. 199.032, Florida Statutes		
24	25 9. Name and Address of (	29 Current Registered Agent	30			Florida Statutes  10. Name and Address of New Reg		
14/17/	R, BRUCE E	Spirit Logistered Agent		81	Name	ID. Haine BIO Address of New Hel	Jietoleo Wasiit	
	R, DHOUE E 8 MAGNOLIA STREET							
	SONTON FL 33534		82 Street Add		Street Add	ddress (P.O. Box Number is Not Acceptable)		
CHD	30N(UN FL 33334			83				
				84	City		FL  85	Zip Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Flori	da Statutes, the	above	e-named co	rporation submits this statement for the pr		na its registered
office or re	egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such char	nge was authori	ized by	the corpora	rporation submits this statement for the particular of the particular of directors. I hereby accept	t the appointmer	t as registered
	in iamiliar with, and accept the	doligations of, Section our	.0000, Fiorida o	natutes	٠.			1
SIGNATURE	Signature, typed or printed name of regist	area agent and libe if applicable	(NOTE: Regist	tered Age	nt signature req	ured when re-instating)	DATE	
12.		RS AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	V	□ D	ELETE 1.	1 TITLE	Į.		Chai	nge 🔲 Addition 🗟
NAME	WEIR, BRUCE E		1.3	2 NAME				;
STREET ADDRESS	8606 MAGNOLIA ST.		1.3	1.3 STREET ADDRESS				ļį
CITY-ST-ZIP				4 C(1Y - S	T-ZIP			
TITLE	SDT DELETE		FLETE 2.	2.1 TITLE			L_J Cha	nge [_] Addition
NAME	WEIR, BEVERLY A		2.2 NAME		1			1
STREET ADDRESS	8806 MAGNOLIA ST.		23\$		ADDRESS			
CITY-ST-ZIP	GIBSONTON FL			2   CITY-ST-ZIP				
TITLE	P	Lυ		1 TITLE			Cha	nge [ ] Addition
NAME	WEIR, BRUCE E		1	2 NAME	ļ			}
STREET ADDRESS	8606 MAGNOLIA ST.				ADDRESS			i
CITY-ST-ZIP	GIBSONTON FL	[] D		4 CITY-5	IT-ZIP		[] Cha	nge Addition
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STREET ADDRESS					ADDRESS			
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NAME		ا ل	1	2 NAME			LJ OIM	iño F'T Vogision
! "			1		ADDRESS			1
STREET ADDRESS					1			]
CITY-ST-ZIP TITLE				4 CITY - S 1 TITLE	1-215		☐ Cha	nge [] Addition
NAME		، ت		2-NAME			0,10	.a. La condition
STREET ADDRESS			1		ADDRESS			1
· I								
CITY-ST-ZIP				4 CI1Y - S	1-ZIF			

I do hereby certify that the information sopplied with this filling 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 eath, 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 #Changed, or on an attachment with an address.