


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90042 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734569					
1. Corporation Name PALM BEACH SKYHAWKS, INC.					
Principal Place of Business P. O. BOX 20095 WEST PALM BEACH FL 33416-0095			Mailing Address P. O. BOX 20095 WEST PALM BEACH FL 33416-0095		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/10/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACOBOWITZ, MARVIN 4661 CATAMARAN CIRCLE BOYNTON BEACH FL 33436				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOBOWITZ, MARVIN			1.2 NAME			
STREET ADDRESS	4661 CATAMARAN CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINOKER, BERNARD			2.2 NAME	Gerald Cohen		
STREET ADDRESS	13447 A VIA VESTA #A			2.3 STREET ADDRESS	6577 SUN RIVER RD		
CITY-ST-ZIP	DELRAY BEACH FL 33484			2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLDANO, ANTHONY			3.2 NAME	MIKE ZUBRICKY		
STREET ADDRESS	3527 MILLBROOK WAY CIRCLE			3.3 STREET ADDRESS	897 LAKE WELLINGTON DR		
CITY-ST-ZIP	GREENACRES FL 33463			3.4 CITY-ST-ZIP	WELLINGTON, FL 33414		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARVER, MELVIN A			4.2 NAME			
STREET ADDRESS	11246 BANNOCK AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (561) 364-7254
 Date Daytime Phone #

CR2E037 (1/98)