

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004885 (9)**

1. Corporation Name
SKYCAP, INC.



Principal Place of Business: **PO BOX 88029 MOBILE AL 36608**
Mailing Address: **PO BOX 88029 MOBILE AL 36608**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Street, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **09/21/1994** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **63-0940171** Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor: \$5.00 May Be Added to Fees
8. This corporation has liability for a tangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**EDEN, EDWARD
2636 WEST MISSION RD LOT 157
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name: **RAY Colmenero**
82 Street Address (P.O. Box Number is Not Acceptable): **3020 N W 79th COURT Apt B**
83 City: **Gainesville** 84 FL 85 Zip Code: **32606**

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.03, 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. Said statement was authorized by the corporation's board of directors, members, or partnership as registered agent, in accordance with and as required by the provisions of Sections 607.01, 607.02 and 607.03, Florida Statutes.

SIGNATURE: *[Signature]*

4/9/96

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	RAINES, JEAN O	
STREET ADDRESS	PO BOX 88029	
CITY, ST, ZIP	MOBILE AL 36608	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAGGETT, JAMES C	
STREET ADDRESS	PO BOX 88029	
CITY, ST, ZIP	MOBILE AL 36608	
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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this report is true and correct, and that I am the duly authorized officer or director of the corporation or partnership or other person authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

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

4/15/96 334-633-3884

CR2E034 (12/95)