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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005881

SKYLINE COMPUTER LINK SERVICES, INC.

Principal Place of Business Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90197 049 ***150.00



O'FALLON MO	63366	PO 8 OX1030 O'FALLON MO							
		,				DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 12/04/1995	PACE	,, <u>,,,,,</u> ,	7
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	17	Applied For	4
21	idea di Eddinose	-	26			65-0609482	<u> </u>		4
Suite, Apt. #, etc. Suite, Apt. #, etc.						05 0003402		Not Applicable	-
22		27	27			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	e	City & State	¬ ′			6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28 7in	Zip Country			Trust Fund Contribution		to Fees	ļ
24	25 29 30			iuy		8. This corporation owes the current year Intan Personal Property Tax.	gible ∃Yes	□No	
9. Name and Address of Current Registered Agent			101			10. Name and Address of New Registered Ag			┨
}————	3. Name and Address of Carren	r registered Agent		81	Name	18. Haille and Abdress of New Registered A	ieur		7
GORDON, JAMES N									
	3 S. SR 7, #301		82 Street Ad			ess (P.O. Box Number is Not Acceptable)		-	7
1	A RATON FL 33428		};	83					-
}									1
				84	City	FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.									
SIGNATURE									İ
	Signature, typed or printed name of registered agen			gent :	signature required	1 when reinstating) DATE			هَ لَـ
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CITY-ST-ZIP			6.4 CITY	-ST-2	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 607, 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:

Daytime Phone #