


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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000002664 (8)</b>			
1. Corporation Name <b>SKYLINE STRUCTURES, INC.</b>			
Principal Place of Business <b>3508 HOBSON PIKE HERMITAGE TN 37076</b>		Mailing Address <b>3508 HOBSON PIKE HERMITAGE TN 37076-3849</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent <b>LAWICKI, BRETT 520 WILMER AVE. ORLANDO FL 32808</b>		10. Name and Address of New Registered Agent	
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 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: <i>Susan Lawicki</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4-10-97</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <b>LAWICKI, TODD</b>	11 TITLE	<b>Vice President</b>
NAME	<b>3508 HOBSON PIKE</b>	12 NAME	<b>Brett Lawicki</b>
STREET ADDRESS	<b>HERMITAGE TN</b>	13 STREET ADDRESS	<b>520 Wilmer Ave.</b>
CITY - ST - ZIP	<b>HERMITAGE TN</b>	14 CITY - ST - ZIP	<b>Orlando, FL 32808</b>
TITLE	ST <b>LAWICKI, SUSAN</b>	21 TITLE	
NAME	<b>3508 HOBSON PIKE</b>	22 NAME	
STREET ADDRESS	<b>HERMITAGE TN</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>HERMITAGE TN</b>	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I do 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.			
SIGNATURE: <i>Susan Lawicki</i> <i>Susan Lawicki</i> 4-10-97 615-885-5062			

CR2E034 (9/96)