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Secretary of State

03-05-1999 90063 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G13874

1. Corporation Name

SKYLAKE BANKSHARES, INC.

Principal Place of Business

C/O JACK W. BROWN
 1550 N.E. MIAMI GARDENS DR.
 N. MIAMI BEACH FL 33179

Mailing Address

C/O JACK W. BROWN
 1550 N.E. MIAMI GARDENS DR.
 N. MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1982

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 170770

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

29 Zip

30 33017

Country

31 USA

4. FEI Number

59-2243286

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

7. This corporation owes the current year Intangible
 Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMON, HARVEY I.
 1550 N.E. MIAMI GARDENS DRIVE
 MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name JACK BROWN
 82 Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST
 83
 84 City MIAMI LAKES FL 85 Zip Code 33016

11. Pursuant to the provisions of Sections 607.05(2) 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KISLAK, JAY I	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGGS, WILLIAM	
STREET ADDRESS	1550 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	POC	<input type="checkbox"/> DELETE
NAME	KISLAK, JONATHAN	
STREET ADDRESS	1550 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S EDWARD C. HAYNES
5.3 STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
5.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 305 344-4114

Date

Daytime Phone #

CR2E034 (1/98)