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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J64372 (2)  
1. Corporation Name  
MISTY BLUES ALL WOMAN SKYDIVING TEAM INCORPORATE  
D

Principal Place of Business

Mailing Address

% SANDRA W. WILLIAMS  
549 DALEY STREET  
ORANGE CITY FL 32763

% SANDRA W. WILLIAMS  
549 DALEY STREET  
ORANGE CITY FL 32763-4901



2. Principal Place of Business  
21 2423 EAST NEW YORK AVE  
Suite, Apt. #, etc.  
22 City & State  
23 DELAND, FL  
Zip  
24 32724-6329 25 VOLUSIA  
26 2423 EAST NEW YORK AVE  
Suite, Apt. #, etc.  
27 City & State  
28 DELAND, FL  
Zip  
29 32724-6329 30 VOLUSIA

3. Date Incorporated or Qualified 03/23/1987  
3a. Date of Last Report 03/13/1996  
4. FEI Number 59-2801140  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, SANDRA W.  
549 DALEY STREET  
ORANGE CITY FL 32763

81 Name SANDRA W. WILLIAMS  
82 Street Address (P.O. Box Number is Not Acceptable) 2423 EAST NEW YORK AVE.  
83  
84 City DELAND FL 85 Zip Code 32724

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

*[Signature]*  
Signature of New or printed Name of registered agent and title if applicable

SANDRA WILLIAMS President

2/16/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D WILLIAMS, SANDRA	549 DALEY STREET	ORANGE CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2423 EAST NEW YORK AVE.	DELAND, FL. 32724-6329	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 as an attachment with an address.

SIGNATURE:

*[Signature]* SANDRA W. WILLIAMS, PRES. 2/16/97

(904)736-4434

CR2E034 (9/96)