FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT

1996

FILED
95 MAY -1 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K13975** **(3)**

1. **SKY ENTERPRISES, INC.**

3954 BAYRIDGE COURT
WEST VANCOUVER. BC
CANADA V7V 3K3

3954 BAYRIDGE COURT
WEST VANCOUVER. BC
CANADA V7V 3K3

3. **02/04/1988**

5a. **04/18/1995**

4. **APPLIED FOR**

5. [ ] **$8.75** Additional Fee Required

6. [ ] **$5.00** May Be Applied

9. Name and Address of Current Registered Agent

MARMISH, PAUL M.
2666 TIGERTAIL AVE
SUITE 102
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

FL

12. **POST**
MEYERFIELD, WOLF
3954 BAYRIDGE COURT
W. VANCOUVER, BC V7V 3K3

13.

CR2E034 (12/95)

SIGNATURE: Wolf Meyerfeld Feb. 29-1996 (604)922-1779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOLF MEYERFELD

page 2 of 2

Form **SS-4** (Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
SKY ENTERPRISES, INC

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
3954 BAYRIDGE COURT

4b City, state, and ZIP code
WEST VANCOUVER, B.C. V7V 3K3 CANADA

5a Business address, if different from address in lines 4a and 4b

5b City, state, and ZIP code

6 County and state where principal business is located
FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor SSN required (See instructions.) ▶
WOLF MEYERFELD 206-515-645

8a Type of entity (Check only one box.) (See instructions.)
- ☐ Sole Proprietor (SSN) ___-___-____
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN ___-___-____
- ☒ Other corporation (specify) 1120-A
- ☐ Personal service corp.
- ☐ National guard
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State: FLORIDA Foreign country:

9 Reason for applying (Check only one box.)
- ☐ Started new business (specify) ▶
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☒ Other (specify) ▶ STATE REQUIREMENT

10 Date business started or acquired (Mo., day, year) (See instructions.)
2-4-88

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶ N/A

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ▶ OWNERSHIP OF AIRCRAFT TYPE CERTIFICATE

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
604 422-1779
360 426-9706

Name and title (Please type or print clearly.) ▶ DEBORAH WALLACE BOOKKEEPER

Signature ▶

Date ▶ 4-3-96

Please leave blank ▶

Note: *Do not write below this line. For official use only.*

Geo.	Ind.	Class	Size	Reason for applying