



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

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Secretary of State

06-09-1999 90020 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherin Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name K74492 ✓ SKYLINE REALTY INC.			
Principal Place of Business 7771 JOHNSON ST. PEMBROKE PINES, FL 33024		Mailing Address	
2. Principal Place of Business 21 7771 JOHNSON ST. Suite, Apt. #, etc.		2a. Mailing Address 26 7771 JOHNSON ST. Suite, Apt. #, etc.	
22 City & State 23 PEMBROKE PINES FL		27 City & State 28 PEMBROKE PINES FL	
24 Zip 33024		29 Zip 33024	
25 Country FLORIDA		30 Country FLORIDA	
9. Name and Address of Current Registered Agent JEFFREY R. EISENSMITH ONE FINANCIAL PLAZA SUITE 1610 FT. LAUDERDALE, FL 33394			
10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input checked="" type="checkbox"/> DELETE NAME HELEN S. MARTINEZ STREET ADDRESS 7691 NW 11 COURT CITY-ST-ZIP HOLLYWOOD FL 33024		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME HERBERT I HARRIS 1.3 STREET ADDRESS 300 S LUNA CT. 4 1.4 CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE SECRETARY <input checked="" type="checkbox"/> DELETE NAME HELEN S. MARTINEZ STREET ADDRESS 7691 NW 11 COURT CITY-ST-ZIP HOLLYWOOD FL 33024		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME HERBERT I HARRIS 2.3 STREET ADDRESS 300 S LUNA CT. 4 2.4 CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE HELEN S. MARTINEZ <input checked="" type="checkbox"/> DELETE NAME HELEN S. MARTINEZ STREET ADDRESS 7691 NW 11 COURT CITY-ST-ZIP PEMBROKE PINES, FL 33024		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME T. HERBERT I HARRIS 3.3 STREET ADDRESS 300 S LUNA CT. 4 3.4 CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		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:  **HERBERT I HARRIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 25, 1999 (954) 966-9111
Date Daytime Phone #

CR2E034 (11/98)