

FROM :

FAX NO. : 305 884 2900

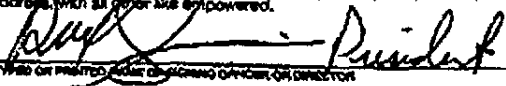
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SKYLINE MGMT GROUP

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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L03426			
1. Entity Name MAURICE GELINA AND ASSOCIATES, INC.			
Principal Place of Business 4040 NE 2ND AVE SUITE 305 MIAMI, FL 33137 US		Mailing Address 4040 NE 2ND AVE SUITE 305 MIAMI, FL 33137 US	
DO NOT WRITE IN THIS SPACE		01072004 No Cng-P CR2E034 (10/03)	
		4. FEI Number 65-0135499 (Applied For) (Not Applicable)	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC MILLAN, JANE W C/O STOKES MC MILLAN & MARACINI, PA 2 S. BISCAYNE BLVD, STE 3750 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and year of approval. (NOTE: Registered Agent signature is required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		1000000013340 01/26/04-80048-025 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD: SCHWINGER, ROBERT M 630 CARDINAL STREET MIAMI, FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD: COLSON, EUGENE 1174 N.E. 103 STREET MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  President 1-15-04		Date _____ Daytime Phone # _____	
ROBERT M. SCHWINGER			