

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L11279

(1)

1. Corporation Name

SKY SYSTEMS, INC.

Principal Place of Business

6109 PEMBROKE ROAD
HOLLYWOOD FL 33023

Mailing Address

6109 PEMBROKE ROAD
HOLLYWOOD FL 33023

APPROVED
AND
FILED

95 JUL -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1989

3a. Date of Last Report

06/16/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0144501

Applied For

Not Applicable

State, Apt. #, etc.

22

State, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Has new Certificate been filed?

☐

\$5.00 May Be
Added to Fees

City

County

25

City

County

30

7. This corporation has liability for statements filed under 1994 laws,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANT, MATHEW P.
6109 PEMPROKE RD.
SUITE 200
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81. Name

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 must be printed name of registered agent and the filer (applicant)

12. Registered Agent Signature required after re-registration

Date

12. OFFICERS AND DIRECTORS

13. AGENTS AND MANAGERS (SEE INSTRUCTIONS) ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PST
GRANT, MATHEW P.
6109 PEMBROKE ROAD
HOLLYWOOD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
GRANT, MATHEW P.
6109 PEMBROKE ROAD
HOLLYWOOD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(g), 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. 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 my address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

305-961-1004