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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L11279 (1)

SKY SYSTEMS, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				DII O(DII BIDII BIBI	H DIDIL IDDI	
6109 PEMBROKE ROAD 6109 PEMBROKE ROAD						
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023						
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
2. Principal Place of Business	2a, Mailing Address			08/24/1989 4. FEI Number	1 14m	mlind Cox
 				65-0144501		plied For t Applicable
25 26					\$8.75	
22				5. Certificate of Status Desired	Fee Re	
City & State City & State				6. Election Campaign Financing	\$5.00	May Re
23	28			Trust Fund Contribution	Added t	
Zip Country	Zip	Country		8. This corporation owes or has paid the c	ırrent year int	angible
24 25	29 30	30		Personal Property Tax due June 30.		No
9, Name and Address of Current Registered Agent CDANT MATHEW P 81			Nama	10. Name and Address of New Registered	Agent	
GRANT, MATHEW P.		61	Name			i
6109 PEMPROKE RD.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33023		83				
		84	City		85 Zip (Code
			City	Fi	_ 3 2.p \	Joue
11. Pursuant to the provisions of Sections 607.0502	P and 607.1508, Florida Statutes, to of Florida, Such change was suffy	he abov	e-named corp	oration submits this statement for the purpose	of changing it	s registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	itions of, Section 607.0505, Florida	Statute	s.	one board of directors. Thereby decopt the ap	poment do	, og. dio od
SIGNATURE						
		gistered Ag 13.	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S INI 12
TITLE PST	DELETE	1.1 TITLE		ADDITIONO/OFFININGES TO OFFICE AS A	Change	Addition
NAME GRANT, MATTHEW P.		1.2 NAME	- 1			_
STREET ADDRESS 6109 PEMBROKE ROAD			T ADDRESS			
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY	ľ			
TITLE D	☐ DELETE	2.1 TITLE			Change	Addition
NAME GRANT, MATTHEW P.		2.2 NAME				
STREET ADDRESS 6109 PEMBROKE ROAD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP HOLLYWOOD FL		2. 4 CITY-	ST-ZIP			
TITLE	DELETE	3.1 TITLE			Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		- P-1	
TITLE	☐ DELETE	4.1 TITLE			L Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS			T ADDRESS			
CITY-ST-ZIP	DELETE	4.4 CITY-	ST-ZIP		Change	Addition
TITLE	LJ DELETE	5.1 TITLE			☐ Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP				
CITY-ST-ZIP TITLE	DELETE	5.4 CITY- 6.1 TITLE	SI - ZIP		Change	Addition
					ET OHOURS	
NAME STREET ADDRESS		6.2 NAME	į.			ļ
	1	e a étorr	T ADDDECC			I
CITY-ST-ZIP		6.3 STREE 6.4 CITY-	T ADDRESS			

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 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

SIGNATURE: