

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L44885 (6)
1. Corporation Name
FLORIDA SKYDIVING CENTER, INC.

Principal Place of Business Mailing Address
13260 SW 67 ST MIAMI FL 33183 **13260 SW 67 ST MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified **01/25/1990** 3a Date of Last Report **08/09/1994**
4 FEI Number **65-0218593** Applied For Not Applicable
5 Certificate of Status Desired \$0.75 Additional Fee Required
6 \$5.00 May Be Added to Fees
8 This corporation has liability for activities for under 1000 USD Florida Statutes Yes No

2 Principal Place of Business 2a Mailing Address
21 State, Apt. # etc 26 State, Apt. # etc
22 City & State 27 City & State
23 28
24 25 29 30

9. Name and Address of Current Registered Agent
**COE, DIANNE MASELLS
10850 SW 170 TERRACE
MIAMI FL 33157**

10. Name and Address of New Registered Agent
81 Name
82 Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11 Pursuant to the provisions of Sections 607 (6)(2) and 607 (1)(4) 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 (6)(5) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
12-1 NAME DP LIBERT, MONTY 12-2 STREET ADDRESS 13760 SW 67 ST. 12-3 CITY, STATE MIAMI FL		13-1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12-4 NAME		13-2 NAME	
12-5 STREET ADDRESS		13-3 STREET ADDRESS	
12-6 CITY, STATE		13-4 CITY, STATE	
12-7 NAME		13-5 NAME	
12-8 STREET ADDRESS		13-6 STREET ADDRESS	
12-9 CITY, STATE		13-7 CITY, STATE	
12-10 NAME		13-8 NAME	
12-11 STREET ADDRESS		13-9 STREET ADDRESS	
12-12 CITY, STATE		13-10 CITY, STATE	
12-13 NAME		13-11 NAME	
12-14 STREET ADDRESS		13-12 STREET ADDRESS	
12-15 CITY, STATE		13-13 CITY, STATE	

14 I hereby certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature that bears the same legal effect as if I had signed it. I am an officer or director of the corporation or the receiver or trustee designated by me in this report as required by Chapter 607, Florida Statutes, and that my name appears in Item 12 or 13 of this report as an officer with an address.

SIGNATURE: **MONTY LIBERT**
DATE AND TIME IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6/28/95** **305 385-2329**

CR2E034 (3/95)