

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M12606** (3)
1. Corporation Name
SK TECHNOLOGIES, CORP.



Principal Place of Business 1650 S. DIXIE HIGHWAY BOCA RATON FL 33432	Mailing Address 1650 S. DIXIE HIGHWAY BOCA RATON FL 33432-7462
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2. Principal Place of Business 21 500 Fairway Drive Suite, Apt. #, etc. 22 Suite 104 City & State 23 Deerfield Beach FL Zip 24 33441 Country 25 Broward		2a. Mailing Address 26 500 Fairway Drive Suite, Apt. #, etc. 27 Suite 104 City & State 28 Deerfield Beach FL Zip 29 33441 Country 30 Broward		3. Date Incorporated or Qualified 03/13/1985	3a. Date of Last Report 04/29/1996
		4. FEI Number 59-2560573		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHOEMAKER, CALVIN S 1650 S. DIXIE HWY. BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 500 Fairway Drive 83 Suite 104 84 City Deerfield Beach FL 85 Zip Code 33441	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, CALVIN S	1.2 NAME	
STREET ADDRESS	1650 S DIXIE HWY	1.3 STREET ADDRESS	500 Fairway Drive
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, C. SHELTON	2.2 NAME	
STREET ADDRESS	4000 HOLLYWOOD BLVD	2.3 STREET ADDRESS	500 Fairway Drive
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OESTERLING, ROGER	3.2 NAME	
STREET ADDRESS	1650 S DIXIE HWY	3.3 STREET ADDRESS	500 Fairway Drive
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, DOUGLAS	4.2 NAME	
STREET ADDRESS	1650 S DIXIE HWY	4.3 STREET ADDRESS	500 Fairway Drive
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDDERMAN, SUSAN	5.2 NAME	
STREET ADDRESS	1650 S DIXIE HWY	5.3 STREET ADDRESS	500 Fairway Drive
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRER, GARY	6.2 NAME	
STREET ADDRESS	425 PARK AVE	6.3 STREET ADDRESS	500 Fairway Drive
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	Deerfield Beach FL 33441

14. I do 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.

SIGNATURE: Susan Fedderman Susan Fedderman 4/30/97 954 4180101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)