

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M88083 (4)

1. Corporation Name

B.F. SKIFF, INC.



Principal Place of Business

140 INTRACOASTAL POINTE DR.  
SUITE 306  
JUPITER FL 33477

Mailing Address

140 INTRACOASTAL POINTE DR.  
SUITE 306  
JUPITER FL 33477

3. Date Incorporated or Qualified

07/01/1988

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1070 E. Indiantown Rd.

26 1070 E. Indiantown Road

4. FEI Number

65-0060770

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 208

27 208

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

City & State

City & State

23 Jupiter, FL

28 Jupiter, FL

Zip

Country

Zip

Country

24 33477

25 Palm Beach

29 33477

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVACHE, VICKI J  
140 INTRACOASTAL POINTE DR.  
STE. 305  
JUPITER FL 33477

81 Name Vicki J. Lavache

82 Street Address (P.O. Box Number is Not Acceptable)  
1070 E. Indiantown Road

83 Suite 210

84 City Jupiter

FL

85 Zip 33477

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WILKENS, IRENE R  
STREET ADDRESS 18147 SE RIDGEVIEW DR  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE V ☐ DELETE

NAME WILKENS, BRADLEY D  
STREET ADDRESS 140 INTRACOASTAL POINTE DR.  
CITY-ST-ZIP JUPITER FL 33477

TITLE ST ☐ DELETE

NAME WILKENS, FLOYD D JR  
STREET ADDRESS 4634 N UNIVERSITY DR  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. 1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001792188  
-04/24/96--01021--005  
\*\*\*208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

*[Signature]*

PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SC-11-33-91

CR2E034 (12/95)