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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
VISION OF CORPORATIONS

FILED					
Mar 25 1998 8:00am					
Secretary of State					

	1998	DIVISION OF	COMPONATIONS	~
	MENT # M96370 SKY & ASSOCIATES, INC.	0 (5)		
Principal Plac	e of Business	Mailing Address		T 1897001) IJE 1810 BITOR IIII 1881 BON OTOM EIDN OTOM ETDN BTOM BTOM BTOM BROW (1881
150 OCEAN		77 HARBOR DRIVE		
#5A	LANE UN	SUITE 304		
KEY BISCAYNE FL 33149		KEY BISCAYNE FL 3314	1 9	DO NOT WRITE IN THIS SPACE
υs		U\$		3. Date incorporated or Qualified
5 D.(=) = 1.5	Place of Business	2a. Mailing Address		08/29/1988
<u> </u>	Tace of Business	1-7		4, FEI Number Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.		65-0068909 Not Applicable
22	., 5.5.	27		5. Certificate of Status Desired Fee Required
City & Stat	Ө	City & State		B. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 📈 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
	NOFSKY, JUDITH A.		oi Ivanie	
	O OCEAN LANE DRIVE		82 Street A	Address (P.O. Box Number is Not Acceptable)
	ARTMENT 5A Y BISCAYNE FL 33149		83	· · · · · · · · · · · · · · · · · · ·
"=	I DISCATINE PL 33149			
			84 City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	and 607,1508, Florida Statu of Florida, Such change was	ites, the above-named authorized by the corp	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Statutes.	
SIGNATURE	Signature, typed or printrio name of registered agen	I and trie if applicable (NO	TE Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D"	DELETE	1.1 TITLE	Change Addition
NAME	JANOFSKY, JUDITH A.		12 NAME	
STREET ADDRESS	150 OCEAN LN DR., APT#5A		1.3 STREET ADDRESS	
CITY+ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETÉ	2.1 TITLE	Change Addition
NAME	MICHAELMAN, THOMAS J. JR		2.2 NAME	
STREET ADDRESS	6917 ALTAMIRA		2.3 STREET ADDRESS	·
CITY-ST-ZIP	CORAL GABLES FL	DELETE	2.4 CITY-ST-ZIP	Tobaca Distriction
TITLE	STECK, RICHARD C IN	☐ nereig	3.1 TITLE	Change Addition
NAME PERCET LOODICEC	150 OCEAN LANE DRIVE #5A		3.2 NAME	
STREET ADDRESS City-St-Zip	KEY BISCAYNE FL		3.3 STREET ADDRESS 3.4. CITY+ST-ZIP	
TITLE	nel siveriide L	DELETE	4.1 TITLE	Change Addition
NAME		<u></u>	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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.

nged, or on an attachment with an address.

3/20/98

305-365-0290