

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N38932****(2)**

1. Corporation Name

SKYDANCER PRESS INC.

Principal Place of Business

Mailing Address

**3301 SOUTH OCEAN BLVD.
SUITE 1001
HIGHLAND BEACH FL 33487****3301 SOUTH OCEAN BLVD.
SUITE 1001
HIGHLAND BEACH FL 33487****APPROVED
AND
FILED****95 MAY -1 PM 9:35****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0207754

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fees Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒**\$68.75 Supplemental
Fees Not Required**8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAYE, JOAN
3301 SOUTH OCEAN BLVD.
SUITE 1001
HIGHLAND BEACH FL 33487**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**DP
NAME KAYE, JOAN
STREET ADDRESS 3301 S OCEAN BLVD, #1001
CITY-ST-ZIP HIGHLAND BEACH FL****1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**☐ Change ☐ Addition**DS
NAME ASH, NANCY
STREET ADDRESS 1441 BRANDYWINE RD #700J
CITY-ST-ZIP WEST PALM BEACH FL****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**☐ Change ☐ Addition**DV
NAME DARCY, DANIEL J.
STREET ADDRESS 1319 D POST OAK PARK
CITY-ST-ZIP HOUSTON TX****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**☐ Change ☐ Addition**DT
NAME RADOOCK, SHARON
STREET ADDRESS 3301 S OCEAN BOULEVARD
CITY-ST-ZIP HIGHLAND BEACH FL****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**☐ Change ☐ Addition

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan Kaye **JOAN KAYE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/26/95**
Date

Daytime Phone #