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FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38932** (2)  
1. Corporation Name  
**SKYDANCER PRESS INC.**



Principal Place of Business <b>3301 SOUTH OCEAN BLVD. SUITE 1001 HIGHLAND BEACH FL 33487</b>	Mailing Address <b>2600 S OCEAN BLVD 14C BOCA RATON FL 33432 US</b>
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2. Principal Place of Business 21 <b>2600 S Ocean Blvd.</b>	2a. Mailing Address 26 <b>2600 S Ocean Blvd.</b>
Suite, Apt. #, etc. 22 <b>14C</b>	Suite, Apt. #, etc. 27 <b>14C</b>
City & State 23 <b>Boca Raton FL</b>	City & State 28 <b>Boca Raton FL</b>
Zip 24 <b>33432</b>	Country 25 <b>US</b>
Zip 29 <b>33432</b>	Country 30 <b>US</b>

3. Date Incorporated or Qualified <b>06/25/1990</b>	
4. FEI Number <b>65-0207754</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KAYE, JOAN 3301 SOUTH OCEAN BLVD. SUITE 1001 HIGHLAND BEACH FL 33487</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2600 S Ocean Blvd 14C</b>
83	
84 City	<b>Boca Raton FL 85 Zip Code 33432</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joan Kaye (NOTE: Registered Agent signature required when reinstating) DATE 2/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYE, JOAN</b>	1.2 NAME	
STREET ADDRESS	<b>3301 S OCEAN BLVD, #1001</b>	1.3 STREET ADDRESS	<b>2600 S Ocean Blvd #14C</b>
CITY-ST-ZIP	<b>HIGHLAND BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASH, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>1441 BRANDYWINE RD #700J</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARCY, DANIEL J.</b>	3.2 NAME	
STREET ADDRESS	<b>1319 D POST OAK PARK</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADDOCK, SHARON</b>	4.2 NAME	
STREET ADDRESS	<b>3301 S OCEAN BOULEVARD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 DATE 2/21/98

CR2E037 (10/97)