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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		DIVISION OF CORPORATIONS									
DOCUN 1. Corporation	MENT #	P23447	(6)								
SKOR,	INC.										
Principal Place	of Business		Mailing Address					T IN DIE BEFORE THE HOUSE HALL DISH BUR			
1560 PULITZER ROAD			1560 PULITZER ROAD								
FT. PIERCE FL 34945			FT.PIERCE FL 34945								
US			US					3. Date Incorporated or Qualified	3a. Date	of Last	Report
								03/16/1989		4/24/1	
2. Principal Pla	ace of Business	<del></del>	a. Mailing Address					4. FEI Number			Applied For
Suite, Apt. #	#. etc.	26	Suite, Apt. #, etc.					41-1305716		<u> </u>	Not Applicable
22		27	3					5. Certificate of Status Desired			75 Additional a Required
City & State		_	City & State		•			6. Election Campaign Financing	<b>-</b>		00 May Be
<b>Z</b> ip		28	·					Trust Fund Contribution		Add	led to Fees
24 Zip	25	country 29	Zip ]	30 Cou	intry			<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	intangible ta : No	ix under	s 199.032,
	<del> </del>	Address of Current Regi	stered Agent		Γ			10. Name and Address of New F		Agent	
	_				81	Name					
	EG, HAROLD E.			}	82	Street	Addres	s (P.O. Box Number is Not Acceptat	ole)		
	LITZER ROAD				33						
FI. FIER	RCE FL 34945				83						
					84	City			FL	85	Zip Code
11. Pursuant to	o the provisions of	Sections 607,0502 and 6	07.1508, Florida Statut	es, the abo	ve-n	amed co	orporati	on submits this statement for the pu		naing its	reaistered office
or registere familiar with	ed agent, or both, ⊩ h, and accept the c	n the State of Florida. Suc obligations of, Section 607	:h change was authoriz '.0505, Florida Statutes	ed by the c	corpc	ration's	board (	of solorius this statement for the purificial purificial purifications. I hereby accept the app	ointment as	register	id agent. I anı
SIGNATURE						•					
12.	Signature, typed or printed	or name of registered agent and title if OFFICERS AND DIRE		DTE: Registered	Agont	signature re	eguired w	ren reinstating) ADDITIONS/CHANGES TO OFF	DATE	Dipro	2000 IN 140
TITLE	PD		☐ DELETE	1.1 Ti	TLE			ADDITIONS/CHANGES TO OFF		Change	
NAME	Kurzweg, H			1.2 NA	AME				_		
STREET ADDRESS	1560 PULITZI			1.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	FT. PIERCE F	<u>1                                    </u>		1.4 0(1		- ZIP					
TITLE	S DEINHADT II	מעמב מ	☐ DELETE	2 1 TI					[	Change	☐ Addition
NAME STREET ADDRESS	REINHART, JO 1560 PULITZE			2 2 NA							
CITY-ST-ZIP	FT. PIERCE F					LDORESS					
TITLE			DELETE	2 4 CIT 3 1 TI		- 212				Change	Addition
NAME			_	32 NA						J 0,~	
STREET ADDRESS						ADDRESS					
CITY-ST-7IP				3.4 0(1	IY-ST	- ZIP					
TITLE			☐ DELETE	4. 1 711						] Change	Addition
NAME CIRCET ADDRESS				4.2 NA							
STREET ADDRESS CITY - ST - ZIP						DDRESS					
TITLE			DELETE	4.4 CIT 5. 1 TIT		- ZIP				7 Change	Addition
NAME				5.2 NAI					_		
STREET ADDRESS						.DORESS					
CITY-ST-ZIP				5.4 CIT							
TITLE			DELETE	6 1 TIT	TLE					Change	Addition
NAME				62 NA							
STREET ADORESS						DDRESS					
CITY-S1-ZIP				6.4 CIT	Y-S1	ZIP		he exemption stated in Section 119.			}

4. Ido hereby certify that the information supplied with this filing is yountarily 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 appears in Block 12 or Block 13 it made upon the property of the appears in Block 12 or Block 13 it made upon the property of the pro

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 407/466-155/

CR2E034 (12/95)