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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200009394 (7)

BIG SKY ENTERPRISES, INC.

Principal Place of Business Mailing Address 105 GOLDFISH LN PO BOX 9048 JUPITER FL 33477 JUPITER FL 33468 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/01/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 65-0374641 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name BROWN, HARRY S 105 GOLDFISH LN 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 83 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida. s the above-named corporation submits this statement for the purpose of changing its registered inforized by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ___ Addition BROWN, HARRY S NAME 1.2 NAME STREET ADDRESS 105 GOLDFISH LN 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 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 attractment with an address.

3.1 TITLE

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

34. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Mroun P

President (H.S. BROWN

DELETE

DELETE

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4-4-98

(561)747-1472

Change

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FILED

Apr 14 1998 8:00am

Secretary of State

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