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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031892 (1)

SOUTH SKY TWO, INC.

FILED Apr 28 1998 8:00am Secretary of State



| | | | | | —[| | | |
|--|--|---|-----------|------------------------|-------------|--|----------|---------------|
| Principal Place of Business Mailing Address | | | | | | | | |
| 3301 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316 | | P.O. BOX 21490 FT LAUDERDALE FL 33335-1490 | | | | | 00105 | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified 04/29/1993 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | A | oplied For |
| 21 | | 26 | | | | 65-0410462 | No | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee Re | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | | | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zφ | | Country | | 8. This corporation owes or has paid the cu | | |
| 24 | 25 | 29 | 30 | 30 | | Personal Property Tax due June 30. Yes No | | |
| | g, Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Registered | Agent | |
| | SSUNO, CIRO | | | 81 | Name | | | |
| | 01 SOUTH ANDREWS AVENUE | | 82 Street | | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| FO | | | Ш | | | | | |
| | | | | 83 | | | | |
| | | | | 84 | City | FL | . = | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 profiled name of legistered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | RS IN 12 |
| TITLE | P DELETE NESSUNO, CIRO | | 1.1 T | ITLE | | | Change | Addition |
| NAME | | | 1.2 N | IAME | | | | |
| STREET ADDRESS | AND COLORS AND PRINCIPAL AND | | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33310 | 8 | 140 | HTY-ST | -21P | | | |
| TITLE | DELET | | | 2.1 TITLE | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | Change | Addition |
| NAME | | | 2.2 N | 2.2 NAME | | | | Ì |
| STREET ADDRESS | | | 2.3 \$ | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 2.40 | . 2. 4 CITY - ST - ZIP | | | | |
| TITLE | | | | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 N | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 \$ | TREET A | ADDRESS | | | |
| CITY-ST-ZIP | | | 3,4. (| 3.4. CITY-ST-ZIP | | | | |
| TITLE | DELETE | | | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4.21 | NAME | | | | |
| STREET ADDRESS | | | 4.3 \$ | TREET A | UDDRESS . | | | |
| CITY-ST-ZIP | | | 4.4.0 | 4.4 CITY - ST - ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 S | TREET A | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 0 | 5.4 CITY-ST-ZIP | | | | |
| TITLE | ☐ DELETE | | | 6.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 6.2 N | IAME | | | | |
| STREET ADDRESS | | | 6.3 \$ | TREET A | NDORESS | | | |
| CITY-ST-ZIP | | | 6.4 0 | aty-st | - ZIP | | | |
| | | | | | | | | |

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 is 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 control of 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 changes, or on an attachment with an address.

954-463-6000