

PAY NOW. FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000059321 (8)

1. Corporation Name

SKY SERVICE LIFEGUARD, INC.

Principal Place of Business

2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address

2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020



3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

09/28/1995

4. FEI Number

65-0443658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOCHSZTEIN, FRED
C/O KLOVITCH, MANELLA & KLAPHOLZ, P.A.
2206 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

ROSS MANELLA

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

2206 HOLLYWOOD BLVD.

83

C/O ROSS H. MANELLA P.A.

84

City

HOLLYWOOD

FL

85

Zip Code

33020

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 reinstating)

8/7/96/

DATE

12. OFFICERS AND DIRECTORS

TITLE PTS ☐ DELETE
NAME MCMURRAY, SID
STREET ADDRESS 119 DEERCREEK RD., UNIT N201
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ DELETE
NAME PAYSON, RUSSELL
STREET ADDRESS 9785 RYAN AVE
CITY-ST-ZIP DORVAL P.Q., CANADA

TITLE D ☐ DELETE
NAME LESSARD, FRANCIS
STREET ADDRESS 9785 RYAN AVE
CITY-ST-ZIP DORVAL P.Q., CANADA

TITLE D ☐ DELETE
NAME CARTER, OWEN
STREET ADDRESS 41-C AVE ROYALE
CITY-ST-ZIP STE PETRONILLE, P.Q., CAN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SID MC MURRAY

8/7/96/

Daytime Phone

CR2E034 (12/95)