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STATE OF FLORIDA
TREASURY

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA 32301

DOCUMENT # P93000065368 (1)

RYAN SKY ENTERPRISES, INC.

500 TOWN CENTER MALL
BOCA RATON FL 33431

500 TOWN CENTER MALL
BOCA RATON FL 33431

DATE FILED IN THIS SPACE

3. Date of Incorporation / Acquisition: 09/20/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2b. Mailing Address	4. FIC Number	Applied For / Not Applicable
21. State: April # 00	26. State: April # 00	65-0451413	
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing / Trust Fund Contributions	\$5.00 May Be Added to Fees
24. City & State	29. City & State	8. Does corporation have liability for intangible tax under S. 199 (0.5%) Florida Statutes.	☐ Yes ☐ No
25. City & State	30. City & State		

9. Name and Address of Current Registered Agent

SCHIFF, HENRY
16886A ISLE OF PALMS DR.
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81. Name:	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607 (04) and 607 (14)(b) 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 (04) Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address)

Signature of Registered Agent (Print Name and Address)

Signature of Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. TITLE	P	1. TITLE	☐ Change ☐ Addition
2. NAME	SCHIFF, JOAN	2. NAME	
3. STREET ADDRESS	5840 GLADES ROAD	3. STREET ADDRESS	
4. CITY & STATE	BOCA RATON FL 33431	4. CITY & STATE	
5. TITLE		5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY & STATE		8. CITY & STATE	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	

14. I hereby certify that the information submitted with this filing is true and correctly furnished and does not contain any false or misleading information. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in person. That I am an officer or director of this corporation or the receipt of funds or securities covered by this report is required by Chapter 607 Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director of this corporation.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Schiff

May 1 95