FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY ... AM 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000065368 (1)

1. Corporate Name

RYAN SKY ENTERPRISES, INC.

Principal Place of Business: 500 TOWN CENTER MALL, BOCA RATON FL 33431

Mailing Address: 500 TOWN CENTER MALL, BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	09/20/1993
3a. Date of Last Report	04/29/1994
4. FEI Number	65-0451413
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [ ] No	

2. Principal Place of Business | 2a. Mailing Address

21 | 26

Suite, Apt. # etc. 22 | 27

City & State 23 | 28

24 | 25 | 29 | 30

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

84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHIFF, JOAN
STREET ADDRESS	5840 GLADES ROAD
CITY-ST-ZIP	BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I do 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 attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: May 1 95

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