

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Suzanne B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

AM
FILED

95 MAY - 1 AM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082082 (7)

1. Corporation Name

SKY HIGH DYE'S INC.

Principal Place of Business

P. O. BOX 0223
COCONUT BEACH FL 32931-2222
US

289 S. 20th St Cocoa Bch

Mailing Address

P. O. BOX 0223
COCONUT BEACH FL 32931-2222
US

32931

2. Primary Place of Business

21

2a. Mailing Address

26

State App. F. or H.

22

State App. F. or H.

27

State App. F. or H.

23

State App. F. or H.

28

State App. F. or H.

24

State App. F. or H.

29

State App. F. or H.

25

State App. F. or H.

30

9. Name and Address of Current Registered Agent

SMITH, STEPHEN
FIND & ASSOCIATES
1900 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

81. Name

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

83.

84. City

FL 85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.001 and 607.1508, Florida Statutes, the above named corporation submits the 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 for further acts and in accord with the provisions of Sections 607.008, Florida Statutes.

SIGNATURE

(Type or Print Name, Title, Position and Address of Officer or Director)

(Type or Print Name, Title, Position and Address of Officer or Director)

43

ADDITIONS, CHANGES IN OFFICERS AND DIRECTORS (if any)

OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES IN OFFICERS AND DIRECTORS (if any)
NAME TITLE/ADDRESS CITY/STATE	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY/STATE
NAME TITLE/ADDRESS CITY/STATE	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY/STATE
NAME TITLE/ADDRESS CITY/STATE	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY/STATE
NAME TITLE/ADDRESS CITY/STATE	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY/STATE
NAME TITLE/ADDRESS CITY/STATE	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY/STATE
NAME TITLE/ADDRESS CITY/STATE	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY/STATE

14. I acknowledge certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(e), 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 member or holder unpowered to execute the report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or any attachment with or without

SIGNATURE: *Frank Visconti*
BIOGRAPHY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

407-779-4508