

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000088249 (6)

1. Corporation Name
ONIONSKIN, INC.

Principal Place of Business

1029 N ORANGE AVE
ORLANDO FL 32801
US

Mailing Address

1029 N ORANGE AVE
ORLANDO FL 32801
US

2. Principal Place of Business

21 2503 Edgewater Drive

2a. Mailing Address

26 P.O. box 540253

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 orlando, FL

City & State

28 orlando, FL

Zip

24 32804

Country

25 USA

Zip

29 32854

Country

30 USA

9. Name and Address of Current Registered Agent

HOUSTON, ERIC SHAWN
1516 N WESTMORRAND DR
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1993

3a. Date of Last Report

06/24/1996

4. FEI Number

59-3220322

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P HOUSTON, ERIC SHAWN
1029 N ORANGE AVENUE
ORLANDO FL 32801

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V WOLF, PHILLIP KEVIN
1029 N ORANGE AVENUE
ORLANDO FL 32801

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

P ERIC SHAWN HOUSTON
2503 EDGEWATER DRIVE
ORLANDO, FL 32804

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

V WOLF, PHILLIP KEVIN
2503 EDGEWATER DRIVE
ORLANDO, FL 32804

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

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

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

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

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-ST-ZIP

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-ST-ZIP

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-ST-ZIP

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]*

FILED

97 NOV -6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)

25 October 1997

Leslie Sellers, Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF no. P93000088247
REF no. P93000088249

Dear Leslie,

As per our phone discussion the past couple of weeks, please find enclosed my applications (2nd notice) for annual filings on the above referenced corporations.

As discussed with you on the phone, I did not receive the first notice annual report for these corporations.

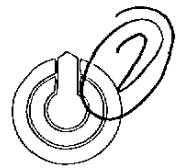
In addition, as requested in your reply mail, I have included a check for an additional \$2.00 to cover the math error made on my original checks submitted (cost of certificates being \$8.75, instead of \$7.75).

Thank You for your assistance. Please call if you have any questions.

Sincerely,



Eric Shawn Houston



THE
ONIONSKIN
COMPANIES

THE ONIONSKIN PARTNERSHIP, P.A.
ARCHITECTURE • INTERIOR DESIGN
AA0002510

ONIONSKIN, INC.
BUILDING CONTRACTORS
CBC029091

THE ONIONSKIN INVESTMENT GROUP
PROPERTY DEVELOPMENT