

FILE 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 # P94000051440 (3)

1. Corporation Name

SKY TIGER, INC.



Principal Place of Business

1862 ALTA VISTA  
SARASOTA FL 34236

Mailing Address

1862 ALTA VISTA  
SARASOTA FL 34236

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

PATTEN, BRENDA L  
1549 RINGLING BLVD  
3RD FLOOR  
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

02/21/1995

4. FEI Number

65-0508549

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

10. Name and Address of New Registered Agent

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 then applicable

Date of Registration Agent Signature and then applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BRANNING, PETER S  
STREET ADDRESS 1800 SSECON ST SUITE 855  
CITY-STATE-ZIP SARASOTA FL 34236

DELETE

TITLE D  
NAME OVERSTREET, GARY  
STREET ADDRESS 2507 MONTEREY  
CITY-STATE-ZIP SARASOTA FL 34231

DELETE

TITLE D  
NAME PATTEN, ROB  
STREET ADDRESS 1862 ALTA VISTA  
CITY-STATE-ZIP SARASOTA FL 34236

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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

ROBERT B. PATTEN

4/3/96

941 366 6538

Date

Printed Name #

CR2E034 (12/95)