

FILE NOW: FILING FEE AFTER MAY 1 IS \$553.00

FILED

JUL 30 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PARTIAL REPORT  
1997  
DIVISION OF CORPORATIONS

DOCUMENT # P94-51440

1. Corporation Name

Sky Tiges, Inc.

97-AR  
CM

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 7414 So. Tamiami Tr.		26 Box 3046		7/12/94		4/8/96	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0508549		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
34231		34230		6. Election Campaign Financing		5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		FL				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Patten, Brenda L.  
c/o Kirk Pinkerton, PA  
720 Orange Ave.  
Sarasota, FL 34236

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	
NAME	Bernard Vroom	1.2 NAME	
STREET ADDRESS	1631 Loma Linda St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34239	1.4 CITY-ST-ZIP	
TITLE	Director	2.1 TITLE	
NAME	Bernad Pasler	2.2 NAME	
STREET ADDRESS	9914 Clubhouse Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34202	2.4 CITY-ST-ZIP	
TITLE	Director	3.1 TITLE	
NAME	Robert Patten	3.2 NAME	
STREET ADDRESS	1770 Bahia Vista St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34239	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/97

(941) 366-6538

Date

Daytime Phone #

CR2E034 (9/96)