

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000051718 (2)

1. Corporation Name

HAPPY SKIES, INC.



Principal Place of Business

4841 REGAL DRIVE, S.W.
BONITA SPRINGS FL 33923

Mailing Address

4841 REGAL DRIVE, S.W.
BONITA SPRINGS FL 33923

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KOLLMANN, ERNEST M
4841 REGAL DRIVE, S.W.
BONITA SPRINGS FL 33923

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

06/05/1995

4. FEI Number

65-0581418

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 to provide name of registered agent on the following page

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD

☐ DELETE

NAME

KOLLMANN, ERNEST M

STREET ADDRESS

4841 REGAL DRIVE, S.W.

CITY- ST- ZIP

BONITA SPRINGS FL 33923

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change

☐ Addition

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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

PSD ERNEST M. KOLLMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

04/30/96 941-9920254

Daytime Phone #

CR2E034 (12/95)