FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400052680 (3)

SKY VIEW AERIAL PHOTO OF FLORIDA, INC.

FILED	
Apr 18 1997 8:00am	ì
Secretary of State	

OI/1 AIC	W MENIAL PROTO OF FLOR	IIDA; IIIO:					
Principal Piace	e of Business	Mailing Address			{		
8820 WIMBLED		P O BOX 952497					
SUITE-TOP	ON DRIVE	CUITE-1001-					
LAKE MARY FL 32748 LAKE MARY FL 32785-249			1				
US		US			3. Date Incorporated or Qualified	3a. Date of Last Report	
B Defeate at D	lace of Discipan	28. Mailing Address			07/15/1994 4. FEI Number	04/18/1996 Applied For	
——————————————————————————————————————						Not Applicable	
21 Suite Ant	# etc	Suite, Apt #, etc.			59-3259315	SR 75 Additional	
				5. Certificate of Status Desired Fee Require			
22 City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	n '		Trust Fund Contribution	Added to Fees	
Zip				ry	8. This corporation has liability for	intengible tax under s. 199.032,	
24	25		30			Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
HUD	ison, Kenneth K Jr.		8	1 Name			
	WIMBLEDON DRIVE		8	2 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
	E MARY FL 32746		L				
			8	3			
			8	4 City		85 Zip Code	
				'		FL	
office or reagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obligation.	Pand 607.1508, Florida Statute of Florida. Such change was au itions of, Section 607.0505, Flor	s, the abo uthorized l rida Statuti	ve-named cor by the corpora es.	poration submits this statement for the partition's board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered	
	Signature, typed or printed name of registered again		<u>.</u>	gent signature requ	ired when reinstating)	DATE SECTION IN 40	
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition	
TITLE	PT		1,1 TITLE			Change C Addition	
NAME	HUDSON, KENNETH K JR		1.2 NAME				
STREET ADDRESS	3820 WIMBLEDON DRIVE			ET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL	DELETE	1.4 CITY - 2.1 TITLE			Change Addition	
TITLE	VPS		2.1 HILE				
NAME	HUDSON, PHYLLIS G			E1 ADDRESS			
STREET ADDRESS	3820 WIMBLEDON DRIVE						
CITY-ST-ZIP TITLE	LAKE MARY FL	DELETE	2. 4 CITY 3.1 TITLE			Change Addition	
NAME		peccie	3.2 NAM				
STREET ADDRESS				F1 ADDRESS		1	
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE	1		Change Addition	
NAME			4. 2 NAM			_	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME		_	5.2 NAM	r			
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE '		DELETE	61 TILE			Change Addition	
NAME		-	62 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			64 CITY	- 1			
	by certify that the information supplied	I with this filing does not qualify			d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	

I do hereby certify that the information supplied with this filing docs not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. 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 ormpowered 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.