

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 20 AM 11:11

**DOCUMENT # P94000054671 (0)**

1. Corporation Name

**CLEARSKY LANDHOLDINGS, INC.**

Principal Place of Business  
**110 SPORTSMAN ROAD WEST  
ROTONDA WEST FL 33947**

Mailing Address  
**110 SPORTSMAN ROAD WEST  
ROTONDA WEST FL 33947**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/22/1994** 3a. Date of Last Report

4. FEI Number **65-0508497** Applied For  
Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**PETRAMALA, SHARON K  
110 SPORTSMAN ROAD WEST  
ROTONDA WEST FL 33947**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>PETRALAMA, SHARON K</b>
STREET ADDRESS	<b>110 SPORTSMAN ROAD WEST</b>
CITY - ST - ZIP	<b>ROTONDA WEST FL 33947</b>
TITLE	<b>D</b>
NAME	<b>PETRALAMA, JOHN</b>
STREET ADDRESS	<b>110 SPORTSMAN ROAD WEST</b>
CITY - ST - ZIP	<b>ROTONDA WEST FL 33947</b>
TITLE	<b>D</b>
NAME	<b>HUNT, ANDREW</b>
STREET ADDRESS	<b>DROVE HOUSE, WHITEMOOR LANE</b>
CITY - ST - ZIP	<b>OWERNEARROMSEY, HANTS UK 50515-AJ</b>
TITLE	<b>D</b>
NAME	<b>DIAMOND, JILL</b>
STREET ADDRESS	<b>DROVE HOUSE, WHITEMOOR LANE</b>
CITY - ST - ZIP	<b>OWERNEARROMSEY, HANTS UK 50515-AJ</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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 the attachment with an address.

SIGNATURE:

*Sharon K. Petralama*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)