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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Daytime Phone #

0527518

Onte

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400061325 (4)

SKY NUMBERS, INC.

SIGNATURE:

Principal Place	e of Business	Mailing Address	ing Address			ODIO ONO NOTO ANAT MES CAN SON
C/O 601 JEFFERSON STREET PADUCAH KY 42002-2500		C/O 601 JEFFERSON STREET PADUCAH KY 42002				
					3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 06/21/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# ato	26			61-1268125	Not Applicable
22 Suite, Apr.	~ , etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip			Cou	ntry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Currer	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
OT 0	ORPORATION SYSTEM	it Registered Agent		B1 Name	10. Name and Address of New He	gistered Agent
	S. PINE ISLAND ROAD					
PLANTATION FL 33324			B2 Street A		Iress (P.O. Box Number is Not Acceptable)	
1 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			63			
		•		84 City		FL 85 Zip Code
11 Pursuant I	to the provisions of Sections 607.050	12 and 607 1508 Florida S	tatutes the at	over named con	poration submits this statement for the p	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change v	vas authorized	by the corpora	tion's board of directors. I hereby accep	of the appointment as registered
_	птаняват мин, али ассерт те обяд	ations of, aection 607.0508	o, riunua olas	Jies.		
SIGNATURE	Signature, typod or printed name of registered age	en and tile if applicable	(NOTE Registered	Agent signature requi	red when reinstaling)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE						Change Addition
NAME DISCLARAGE	HENSHAW, JEFF C/O P.O. BOX 219 N/A		1.2 N			
STREET ADDRESS	PADUCAH KY 42086			REET ADDRESS		
CITY ST ZIP	D	DELETE		Y-ST-ZIP LE		Change Addition
NAME	SHELTON, FRANK	—	2.2 NAME			
STREET ADDRESS	C/O P.O. BOX 219 N/A		2.3 ST	REET ADDRESS		1 - 0
CITY-ST-ZIP	PADUCAH KY 42086			TY-ST-ZIP		
TITLE	D DIGITAL DIGITAL DE	☐ DELETE	3.1 Tit	LE		Change Addition
NAME	WALKER, RICHARD		3.2 NA			
STREET ADDRESS	C/O 601 JEFFERSON STREET PADUCAH KY 42002-2500			PEET ADDRESS		
CITY-ST-ZIP TITLE	FADOCATI NT 42002-2000	DELETE		TY-ST-ZIP		Change Addition
NAME		,	4. 2 N/			C orongo C roundon
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			4.4 CiT	Y-ST-ZIP		
TITLE		DELETE	5.1 111	LĒ		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 \$1	REET ADDRESS		
CITY-ST-ZIP		DE ET	· · · · · · · · · · · · · · · · · · ·	Y-ST-ZIP		
TITLE		L DELETE				☐ Change ☐ Addition
NAME CTREET ARROCCE			6.2 NA			
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS		
14. I do hereb	by certify that the information supplie	d with this filing does not d	quality for the	Y-ST-ZIP exemption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
intormatio Lam an ol	n indicated on this annual report or s	supplemental annual repor rithe receiver or trustee em	t is true and a apowered to e	ccurate and tha	t my signature shall have the same lega et as required by Chapter 607, Florida S	l effect as if made under oath: that l