FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071687 (5)**

1. Corporation Name
BLUE SKY MARKETING, INC.

800001490908
-05/17/95--01058--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~85 S MAGNOLIA AVE~~ ~~ORLANDO FL 32801~~ 1624 GOLFSIDE DR Winter Park, FL 32792	~~85 S MAGNOLIA AVE~~ ~~ORLANDO FL 32801~~ 1624 GOLFSIDE DR WINTER PARK, FL 32792

3. Date Incorporated or Qualified: 09/20/1994
3a. Date of Last Report: N A

2. Principal Place of Business
21: 1624 GOLFSIDE DR
22 Suite, Apt. #, etc:
23 City & State: WINTER PARK, FL
24 Zip: 32792
25 Country: USA

2a. Mailing Address
26: 1624 GOLFSIDE DR
27 Suite, Apt. #, etc:
28 City & State: WINTER PARK, FL
29 Zip: 32792
30 Country: USA

4. FEI Number: [X] 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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

RUTTER, GORHAM JR
25 S. MAGNOLIA AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P	11 TITLE	[ ] Change [ ] Addition
NAME	SCHOENING-ROESS, SUSAN	12 NAME	
STREET ADDRESS	1624 GOLFSIDE DR	13 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL 32792	14 CITY ST ZIP	
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	ROESS, GUSTAV F	22 NAME	
STREET ADDRESS	1624 GOLFSIDE DR	23 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL 32792	24 CITY ST ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

pres
5-1-95

14. I/We 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)(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 above, or on an attachment with an address.

407-

SIGNATURE: Susan Schoening-Roess, President — April 28, 1995 — 679-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0003840 CP