

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000073825 (9)**

1. Corporation Name

SKYLINE INVESTMENTS, INC.



Principal Place of Business

**% JEROME A. BAUMAN, ESQ.
7820 PETERS RD., SUITE E-103
PLANTATION FL 33324**

Mailing Address

**% JEROME A. BAUMAN, ESQ.
7820 PETERS RD., SUITE E-103
PLANTATION FL 33324**

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

24

25

29

30

g. Name and Address of Current Registered Agent

**BAUMAN, JEROME A
7820 PETERS RD.
SUITE E-103
PLANTATION FL 33324**

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

03/01/1995

4. FEI Number

APPLIED FOR 65-0563485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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

Signature of Tax Preparer or Other Person Preparing this Report

Signature of Registered Agent or Other Person Preparing this Report

Date

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

URMAN, SAM

STREET ADDRESS

% 7820 PETERS RD., STE. E-103

CITY-STATE-ZIP

PLANTATION FL 33324

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

☐ Change

☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

63. STREET ADDRESS

64. CITY-STATE-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 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 unchanged, or on an attachment with an address.

SIGNATURE:

SAM URMAN President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

602) 473-7211

CR2E034 (12/95)