

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000079167 (0)

1. Corporation Name

SKYWAY INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

**1810 NE 144TH ST
NORTH MIAMI FL 33181**

**1810 NE 144TH ST
NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEL Number

65-059551

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARMER, DAN
500 N FEDERAL HWY #D
HOLLYWOOD FL 33020**

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, typed or printed name of registered agent and title if applicable

(P.S. If Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
RYBINNIK, ALEXANDER
1810 NE 144TH ST
NORTH MIAMI FL 33181**

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

2. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6. TITLE ☐ Change ☐ Addition

7. NAME

8. STREET ADDRESS

9. 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(2)(g), 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 an attachment with an address.

SIGNATURE:

Alexander Rybnik

ALEXANDER RYBINNIK

4/27/95

3057945710

Signature and Title of Signing Officer or Director

Date

Signature Number