

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # P95000004619 (9)

1. Corporation Name

S.K. MANAGEMENT ASSOCIATES, INC.



Principal Place of Business

5210 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

Mailing Address

5210 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 21491 WIDGEON TERR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 FT. MYERS BCH., FL.

28

Zip

Country

Zip

Country

24 33931

25

U.S.A.

29

30

4. FEI Number

65-0563523

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUDRUN M. NICKEL, P.A.  
350 FIFTH AVE. SOUTH  
SUITE 200  
NAPLES FL 33940

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 state of residence

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
KNESCHKE, SYBILLE  
5210 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

1.2 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
KNESCHKE, DETLEF  
5210 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

1.3 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
[Blank]  
[Blank]  
[Blank]

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
[Blank]  
[Blank]  
[Blank]

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
[Blank]  
[Blank]  
[Blank]

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
[Blank]  
[Blank]  
[Blank]

62 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

1-20-96 (941) 463-3124

CR2E034 (12/95)