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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000016744 (1)

SKE	ENTERPHISES, INC.							
Principal Plac	be of Business	Mail	ing Address					
19007 WE HIALEAH	EST LAKE DRIVE FL 33015	19007 WEST LAKE DRIVE HIALEAH FL 33015						
B. Directors C							3. Date incorporated or Qualified 3a. Date of Last Report 03/01/1995	
2. Principal F	Place of Business	— — — — — — — — — — — — — — — — — — —	Aailing Address				4. FEI Number Applied For	
Suite, Apt	# oto	26					Applied For Not Applicable	
22	#, UIC.	F *	Buite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
City & Star	te	27	Dity & State				Fee Hequired	
23		28	My & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be	
Zip	Country			Cou	 ntor		Added to Fees	
24	25	29		30	,		This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name and Address of Curr	ent Registe	red Agent				10. Name and Address of New Registered Agent	
					81	Name		
CORP	ORATION SERVICE COMPANY							
1201 HAYS ST.					82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
TALLA	VHASSEE FL 32301			İ	83			
					_			
					84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.	508, Flooda Statuti	es, the abo	/e n	named con	orporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. I am	
familiar w	ith, and accept the obligations of, Sc	inda Such c ction 607,05	nange was authoriz 05, Florida Statutes	ed by the c i.	orbo	oration's te	board of directors. Thereby accept the appointment as registered agent. Lam	
SIGNATURE								
	Signature, typed or protein name, of registered into			Hoge tener	مي.	. Soft of the force	resolution of the realizations of the control of th	
12.	OFFICERS A	NO DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D STATE OFFICE		[]] DELETE	1 7 70	LE.		☐ Change ☐ Addition	
NAME	ELWELL, STEVEN K			1 2 NA	ME			
STREFT ADDRESS	19007 WEST LAKE DR.			13 STF	KE ET .	ADDRESS		
CITY-ST-ZIP TITLE	HIALEAH FL 33015			1 4 Cil	~	F - Ziê'		
NAME		DELE:		2 1 111			Change Addition	
-				2 2 NAI	Mf.			
STREET ADDRESS				23 STF	Et? A	ADDRESS		
CITY - S1 - ZIP TITLE			C) Devete	2401		r- ZiP		
NAME			☐ DELETE	3 : 117			Change Addition	
STREET ADDRESS				3.2 NAM				
CITY-ST-ZIP						ADDRESS		
TITLE			DELETE	3 4 CIT		- ZIP		
NAME			- with	4 1 71			☐ Change ☐ Addition	
STREET ADDRESS				4.2 NAN				
CHTY - ST - ZIP						ADDRESS		
TITLE			DELETE	4.4 CIT)		· ZIF		
NAME			L buch	5 1 Till		ĺ	☐ Change ☐ Add-tion	
STREET ADDRESS				5 2 NAM		NO DOC CO		
CITY - ST - ZIP						ADDRESS	·	
TITLE			DELETE	5.4 CITY 6.1 Tilt		- Z18°		
NAME							Change Addition	
STREET ADDRESS				6.2 NAM		Popoco		
CITY-ST-ZIP				€ 3 STH		i		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and ooes 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 trusted 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: STEVEN K. ELWELL STEVEN K. ELWELL SIGNATURE AND TYPED OR PRINTED NAME OF STEVEN K. ELWELL

4-22-96 (305)829-3965