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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P95000017954 (5)

1. Corporation I	Name		(-)				
REACH	FOR THE SKY, INC.		LARBALEN IIN LOIGL GIIL MALL AND	rani sələlələri əbbis ibibi bili bibi 4000			
Principal Place of	of Business	Mailing Addi	ess		-, ,		DONN MANDY NAMES IN BIND ENCOR HAVIN AND A 1885
1355 WEST PALMETTO PARK RD. 1355 WEST PALMET SUITE 109 SUITE 109			PALMETTO P	ARK RD.			
SUITE 109 BOCA RATON	FL 33486		ON FL 33486			3. Date Incorporated or Qualified	3a. Date of Last Report
DOOR HATON	16 00 100					03/03/1995	
2. Principal Pla	ce of Business	2a. Mailing A	Address			4. FEI Number	Applied For
21		26				65-0561563	Not Applicable
Suite, Apt. #	, etc.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
22			City & State			6. Election Campaign Financing	\$5.00 May Be
City & State		28	}			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	intangible tax under s 199.032,
24	25	29		30		Florida Statutes Yes 10. Name and Address of New F	No Registered Agent
	9. Name and Address of Cur	rent Registered Ag	ent	81	Name	TO, Maine and Address of New F	tegistored rigorit
						ress (P.O. Box Number is Not Acceptal	nia)
ROSS, G				82	Street Addi	ress (P.O. Box Number is Not Acceptat	ole)
400 S.E.	ERDALE FL 33301			83			
FILADO	ENDALC I E 00001			84	City		85 Zip Code
					`		FL of the principle of the princip
11. Pursuant t	to the provisions of Sections 607.0: red agent, or both, in the State of F	502 and 607,1508, I Iorida. Such change	Florida Statute was authorize	s, the above : ed by the corp	named corpo loration's boa	ration submits this statement for the puard of directors. I hereby accept the app	pointment as registered agent. I am
familiar wit	th, and accept the obligations of, S	ection 607.0505, Fig	orida Statutes.				
SIGNATURE .	Signature, typed or printre name of registered a	avent and title it applicable	(NO)	E: Registered Ago	nt signature require	ed when reinstating)	DATE
12.	 OFFICERS 	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PRESIDENT] DELETE	1. 1 TITLE			☐ Change ☐ Addition
NAME	MAL HARRIS	141.		1,2 NAME			
STREET ADDRESS	23327 SULVIEW U	/ RY			I ADDRESS		
CITY-S1-ZIP	BOCA RATON : FL. VICE PRESIDENT - LORRIS HARRIS	3374	DELETE	1.4 CITY - 2. 1 TITLE			Change Addition
TITLE	VICE PRESIDENT -	1 K t S . L	J beer n	2 2 NAME			
NAME STREET ADDRESS	7420 SILVELWOODS	14			I ADDRESS		
CITY-ST-ZIP	BOCK RAYON EC.	33433		24 CITY-	ST-ZIP		
TITLE	Deev Carnth		DELETE	3 1 TITLE	i.		Change Addition
NAME				3.2 NAME			
STREET ADDRESS					ET ADDRESS		
CITY - ST - ZIP			DELETE	3.4 CITY -			Change Addition
TITLE		L		4. 1 (1) C			
NAME CTREET ADDRESS					T ADDRESS	9000018	38159
STREET ADDRESS				4.4 DITY		-05/24/9601	IN28N19
CITY-ST-ZIP TITLE			DELETE	5 1 TITLE		***200.00	Change Addition
NAME				5.2 NAME	<u> </u>		
STREET ADDRESS				5.3 STRE	ET ADDRESS		
CITY-ST-ZIP				5 4 CITY	- S1 - ZIP		Change []] Addition
TITLE			DELETE	6 1 THTL			☐ Change ☐ Addition
NAME				6.2 NAM			2/1
STREET ADDRESS				6.3 STRE	ET ADDRESS		1 32

6.4 City-S1-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 Blook 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

467-477 -7469

CR2E034 (12/95)