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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000029940 (0)

1. Corporation Name
S.K.B. ENTERPRISES, INC.

Principal Place of Business
4801 SHERIDAN ST. 505
HOLLYWOOD FL 33021

Mailing Address
4801 SHERIDAN ST. 505
HOLLYWOOD FL 33021-3439



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last Report 06/19/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number APPLIED FOR 65-0727439		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

BUTLER, MARK F
4801 SHERIDAN ST, 505
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM S. SPENCER	1.2 NAME	
STREET ADDRESS	4801 SHERIDAN ST. #505	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MARK F. BUTLER	2.2 NAME	
STREET ADDRESS	4801 SHERIDAN ST., #505	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	2.4 CITY- ST- ZIP	
TITLE	TS	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT P. KEELEY	3.2 NAME	
STREET ADDRESS	4801 SHERIDAN ST., #505	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark F. Butler 3/5/97 (954) 986-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)