

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 # P95000036813 (0)

1. Corporation Name

SKYWAY ENTERTAINMENT, INC.



Principal Place of Business

2557 CHAR STREET
ORLANDO FL 32839

Mailing Address

2557 CHAR STREET
ORLANDO FL 32839

3. Date Incorporated or Qualified
05/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 2557 CHAR ST

Suite, Apt. #, etc.

22 City & State

23 ORL Ando FL

24 FL 32839

25 ORANGE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

Country

30

4. FEI Number

59-331-5159

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

SERVICE, HOWARD
2557 CHAR STREET
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name

HOWARD SERVICE

82 Street Address (P.O. Box Number is Not Acceptable)

2557 CHAR ST

83

84 City

ORLANDO

FL

85 Zip Code

32839

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

Howard Service

HOWARD SERVICE

PRESIDENT

7/26/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME SERVICE, HOWARD
STREET ADDRESS 2557 CHAR STREET
CITY-ST-ZIP ORLANDO FL 32839

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Howard Service

7/26/96 (407)
352-4879

CR2E034 (12/95)