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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90092 014 \*\*\*150.00

| DOCUMENT #          | P95000037407   |
|---------------------|----------------|
| 1. Corporation Name | . 00000001 101 |

BLUE SKIES TRADING CO.

|   |   |                                      |               |            |                 |  | 4 161 L 1 <b>11</b> 5 |          |            |
|---|---|--------------------------------------|---------------|------------|-----------------|--|-----------------------|----------|------------|
| Principal Place   | e of Business                                     | Mailing Address                      |               |            |                 |  |                       |          |            |
| 8011 CHIANTI DR 8011 CHIANTI DR ORLANDO FL 32836 ORLANDO FL 32836 |   |                                      |               |            |                 |  |                       |          |            |
| 0.10.1100 12.0  |   |                                      |               |            |                 | DO NOT WRITE IN THIS                               | SPACE                 |          |            |
|   |   |                                      |               |            |                 | 3. Date Incorporated or Qualified 05/09/1995       |                       |          |            |
| 2. Principal P  | tace of Business                                  | 2a. Mailing Address                  |               |            |                 | 4. FEI Number                                      |                       | Appli    | ed For     |
| 21  |   | 26                                   |               |            |                 | 59-3322099   |                       | Not A    | Applicable |
| Suite, Apt.   | #. etc.   | Suite, Apt. #, etc.                  |               |            |                 |  | \$8.7                 | 75 Add   | ditional   |
| 22  |   | 27                                   |               |            |                 | 5. Certifcate of Status Desired                    | Fe                    | e Requ   | ired       |
| City & Stat   | e   | City & State                         |               |            |                 | 6. Election Campaign Financing                     | <b>\$</b> 5.          | 00 м     | ay Be      |
| 23  |   | 28                                   |               |            |                 | Trust Fund Contribution                            |                       | ded to I | -          |
| Zip   | Country   | Zip                                  | Cour          | ntry       |                 | 8. This corporation owes the current year in       | tangible              |          | ='         |
| 24  | 25  | 29                                   | 30            |            |                 | Personal Property Tax.                             | ☐ Yes                 | _ 5      | No         |
|   | 9. Name and Address of Curr                       |                                      | 11            |            |                 | 10. Name and Address of New Registered             | Agent                 |          |            |
|   |   |                                      |               | 81 N       | lame            |  |                       |          |            |
| NIRH  | 1, MANINDER S                                     |                                      | - 1           | 02 0       |                 | es (D.O. Bey Number is Not Acceptable)             |                       |          |            |
|   | CHIANTI DR  |                                      | 1             | 82 S       | ireet Addre     | ss (P.O. Box Number is Not Acceptable)             |                       |          |            |
| ORL   | ANDO FL 32836                                     |                                      | ŀ             | 83         |                 |  |                       |          |            |
| , , ,   |   |                                      | Į             |            |                 |  | <del></del>           |          |            |
|   |   | •                                    | ĺ             | 84 C       | ity             | FI   | 85                    | Zip Co   | de         |
| SIGNATURE   | Signature, typed or printed name of registered to | agent and title if applicable. (NOTI | E: Registered | Agent sign | nature required | when reinstating)  ADDITIONS/CHANGES TO OFFICERS A |                       | CTOR     | S IN 12    |
| TITLE   | D   | DELETE                               | 1.1 TIT       | LE -       |                 |  | Cha                   |          | ☐ Addition |
| NAME  | NIRH, MANINDER S                                  |                                      | 1.2 NA        | ME         | 1               |  |                       |          |            |
| STREET ADDRESS  | ****  |                                      | 1.3 ST        | REET ADO   | DRESS           |  |                       |          |            |
| CITY-ST-ZIP   | ORLANDO FL 32836                                  |                                      | 1.4 CIT       | Y-ST-ZIF   | -               |  |                       |          |            |
| TITLE   | D   | ☐ DELETE                             | 2.1 TIT       |            |                 |  | Cha                   | nge      | Addition   |
| NAME '  | NIRH, GUNVEEN                                     |                                      | 2.2 NA        | ME         |                 |  |                       |          |            |
| STREET ADDRESS  | COAL CHILANTI DE                                  |                                      | 2.3 ST        | REET ADD   | DRESS           |  |                       |          |            |
| CITY-ST-ZIP   | ORLANDO FL 32836                                  |                                      | 2.4 CI        | TY-ST-ZII  | IP              |  | _                     |          |            |
| TITLE   | One we or a second                                | ☐ DELETE                             | 3.1 T/T       |            |                 |  | ☐ Cha                 | inge     | ☐ Addition |
| NAME  |   |                                      | 3.2 NA        | ME         |                 |  |                       |          |            |
| STREET ADDRESS  |   |                                      | 3.3 ST        | REET ADD   | DRESS           |  |                       |          |            |
| CITY-ST-ZIP   |   |                                      |               | TY-ST-ZI   |                 |  |                       |          |            |
| TITLE   | <del>                                     </del>  | ☐ DELETE                             | 4.1 TIT       |            |                 |  | Cha                   | inge     | ☐ Addition |
| NAME  |   |                                      | 4. 2 N        | ME         |                 |  |                       |          |            |
| STREET ADDRESS  |   |                                      | 4.3 ST        | REET ADD   | DRESS           |  |                       |          |            |
| CITY-ST-ZIP   |   |                                      | 4.4 CF        | Y-ST-ZIF   | P               | _  |                       |          |            |
| TITLE   |   | ☐ DELETE                             | 5.1 TiT       | . —        |                 |  | Cha                   | ınge     | Addition   |
| NAME  |   |                                      | 5.2 NA        | ME         | ļ               |  |                       |          |            |
| STREET ADDRESS  |   |                                      | 5.3 ST        | REET ADI   | DRESS           |  |                       |          |            |
| CITY-ST-ZIP ,   | 1: 1  |                                      | 5.4 C/T       | Y-ST-Z#    | P               |  |                       |          |            |
| TITLE   | 3 11 16 16  | ☐ DELETE                             | 6.1 TIT       | LE         | -               |  | Cha                   | inge     | Addition   |

14. I 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, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

> Holamale & GNING OFFICER OR DIRECTOR

4/30/99

(407)876-7331 Daytime Phone #

CR2E034 (11/98)