FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052845 (1)

SKYWAY LANES, INC.

FILED Feb 03 1998 8:00am Secretary of State

SKIWA	IT LANES, INC.				
Principal Place of Business		Mailing Address		- I 18891881 IAO 18184 BAHA BUTA BEAT BUTA BUTA BUTA	DIRIO (1881 ISBN FIFSH SIII ISBN
1101 62ND AVENUE SOUTH		1101 62ND AVENUE SOUTH			
ST. PETERSBURG FL 33705		ST. PETERSBURG FL 33705		DO NOT WRITE IN TH	IC CDACE
i				3. Date Incorporated or Qualified	IS SPACE
1				07/07/1995	
2, Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3329500	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Chyl Chale		27		5, Certificate of Status Desired	Fee Required
I City a State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		Zip Country		Trust Fund Contribution	Added to Fees
Zip 24	Country	├ ¬ `	_	8. This corporation owes or has paid the	current year Intangible Yes No
24	25 25 Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	
WEDDING, PATSY 81 Name					
1101 62ND AVENUE SOUTH			00 00 00	(0.0 p. N.)	
ST. PETERSBURG FL 33705			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
OI. FEIENDONG FE 33703			83		
			84 City		ne Zin Codo
			84 City	F	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named compration 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					
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstaling) DATE					
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	TCEO GROSS, JERRY W	ב_] טנננונ	1.1 TITLE 1.2 NAME		C) change C Addition
STREET ADDRESS	4119 CHARLEMAGNE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH CA 90808		1.4 City - St - 7IP		
TITLE	S	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, SHOSHARA K		2.2 NAME		
STREET ADDRESS	4119 CHARLEMAGNE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH CA 90808		2. 4 CITY-ST-ZIP		
TATLE	PGM	DELETE	3.1 TITLE		Change Addition
NAME	WEDDING, PATSY		3.2 NAME		
STREET ADDRESS	1101 62ND AVENUE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705	<u>.</u>	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 THLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TiTLE	ļ.,.	☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	:	☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		רו מכרנונ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

4. 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 chapter 607 or on an attachment with an address.

12 Maria Parcul Wespine 1:2

CR2E034 (10/97)