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

PROFIT CORPORATION ANNUAL REPORT

1992

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

215-572-7999

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

<u> </u>	1000				i				
1. Corporation	MENT # P9500 SKY INC.	00070577 (8))		1.000(00) 880.00	i i i i i i i i i i i i i i i i i i i		(a) a)(() (a)))[
Principal Plas	ce of Business	Mailing Address					88 98 118 68		
i '		· ·							
3111 UNIVERSITY DRIVE SUITE 725		3111 UNIVERSITY DRIVE SUITE 725		Ì					
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE				
l					3. Date Incorporate				
					09/13/1995	<u> </u>			
	Place of Business	2a. Mailing Address		ĺ	4. FEI Number		-		lied For
Suite, Apt.	# alc	Suite, Apt. #, etc.			65-06860	14		3.75 Ad	Applicable
22		27			5. Certificate of Star	us Desired		Fee Flequ	
City & Stat	le	City & State			8. Election Campaig	ın Financing	S	5.00 м	łav Re
23	<u> </u>	28		[Trust Fund Contr			Added to	•
Zip	Country	Zip	Country		8. This corporation	owes or has p			ngible
24	25		30		Personal Property				No
ļ	g. Name and Address of Curren	t Registered Agent	81 Name	_	10. Name and Addr	SE OF NOW H	egistered Agent		<u> </u>
	EVY, DAVID			1/4	AHDTEN	.,			
11955 CLASSIC DRIVE			82 Street	Addres	AMITY ZO	Not Accepte	tti⊕)		
	CORAL SPRINGS FL 33065		83	, IC	MINITY ICO				
ł									
			84 City A	240	lat	DA	_F+ 85	Zip Co	ide 106
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the above-named	corpor	ation submits this stat	ernent for the	purpose of chan	iging its	registered
office or i	regi ster ed agent, or b oth, in the State am f a miliar with, an d a ccept the obliga	of Florida. Such change was au ations of, Section 607.0505. Flor	ithorized by the corp ida Statutes.	poration	n's board of directors.	I hereby acce	ept the appointme	ent as re	gistered
SIGNATURE									
Old Williams	Signature, typed or printed name of registered age		Registered Agent signature	e required			DATE		
12.	OFFICERS ANI		13.	- CHILD	ADDITIONS/CHAN	GES TO OFF	CERS AND DIRE		IN 12 Addition
TITLE	P P	☐ DELETE	1.1 TITLE	7			oK.	pange 1	ADDRION
NAME	LEVY, DAVID 3111 UNIVERSITY DRIVE		1.2 NAME						
STREET ADDRESS	CORAL SPRINGS FL		1.3 STREET ADDRESS	!					
CITY-ST-ZIP	D CONAL OF NIMOS FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	 				hanoe	Addition
NAME	FRANK, JOEL M		2.2 NAME	}					
STREET ADDRESS	8111 UNIVERSITY DRIVE		2.3 STREET ADDRESS	}					
CITY-ST-ZIP	CORAL SPRINGS FL		2 4 CITY-ST-ZIP	ł		1			
TITLE		☐ DELETE	3.1 TITLE	T -			□ 0	nange	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS	1					
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>					
TITLE		☐ DELETE	4.1 TITLE				Cr	nange	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP	 -			F1 ^-	honos	Addition
TITLE		►1 DETE !	5.1 TITLE	1			□ CI	iange [Addition
NAME ATALET LABORES			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	1					
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	 	······	·····	Ci	hange	Addition
NAME		- ottel	6.2 NAME					ango L	
STREET ADDRESS			6.3 STREET ADDRESS	1					

14. 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 supplying notal 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 of 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 at attachment with an address.