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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000075362 (0)

DOCUMENT # 1. Corporation Name

SKYLARK ENTERPRISES, INC.

| Principal Place o | of Business | | M | lailing Address | | | | | | | |
|--|-----------------------------|--|-----------------------------|---|--|--|--|--|--------------|-----------------------------|--|
| 10025 WINDING LAKE ROAD | | | | 10025 WINDING LAKE ROAD Unit 101 Sunrise FL 33351 | | | | | | | |
| UNIT 101 Sunrise FL 33351 | | | | | | | | l las Data | -514 D | | |
| | | | | | | | | 3. Date Incorporated or Qualifier 09/29/1995 | Sa. Dale | iof Last Ri | эрогі |
| . Principal Plac | ce of Business | | — | . Mailing Address | | | | 4. FEI Number 65-06/50 | ac 1 | | Applied For |
| 1 Suite, Apt. #. | . etc. | | 26 | Suite, Apt. #, etc. | | | | | | | Not Applicable Additional |
|] | | | 27 | | | | | 5. Certificate of Status Desired | | | Required |
| City & State | | | 28 | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be |
| Zip | | Country | | Zip | Cou | ıntry | | 8. This corporation has liability for | | | |
| | 25 | | 29 | | 30 | r | | | es No | · | |
| | 9, Name and | Address of Curi | rent Hegis | stered Agent | | 81 1 | Name | 10. Name and Address of Nev | Hegistereo / | Agent . | |
| BRANCIFORTE, ROBERT N 10025 WINDING LAKES ROAD | | | | | | | | (CO. Dec Number to Mot Approtable) | | | |
| | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| UNIT 101 | i FL 33351 | | | | | 83 | | | | | |
| SONNISE | . FL 33331 | | | | | 84 | City | | FL | 85 Zış | Code |
| Pursuant tu or registere | | | | | | | | | | | |
| or registere familiar with | n, and accept th | ited name of registered as | gent and title if | ayxiiidabiio (NO) | It Registered | Agent se | gnature required | when reinstalling) | DATE | | · · · · · · · · · · · · · · · · · · · |
| or registere familiar with GNATURE s | algreditive, typind or part | 2 | gent and title if | applicatio (NÓI CTORS | Ti Registered | | gnature required | when reinstativg) ADDITIONS/CHANGES TO C | FFICERS AND | | |
| or registere familiar with GNATURE s | Styredine, typod or pai | of the of registered at OFFICERS A | gent and title it | ayxiiidabiio (NO) | Tt Registered | IITLE | grature required | | FFICERS AND | DIRECTO Change | RS IN 12 |
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SIGNATURE: Robert N. BRANCIFORTE, 3/24/96 (954) 741-2400 SIGNATURE AND TYPED OR PROPRIED NAME OF SIGNING OFFICER OR DIRECTOR