

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000075362 1. Corporation Name SKYLARK ENTERPRISES, INC.			
Principal Place of Business 10025 WINDING LAKE ROAD UNIT 101 SUNRISE, FL 33351		Mailing Address SAME	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 956 SW 116 WAY Suite, Apt. #, etc. 22 City & State 23 DAVIE, FL Zip 24 33325 Country 25		2a. Mailing Address 26 956 SW 116 WAY Suite, Apt. #, etc. 27 City & State 28 DAVIE, FL Zip 29 33325 Country 30	
3. Date Incorporated or Qualified 9-29-95		4. FEI Number 65-0615095	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ROBERT N. BRANCIFORTE 10025 WINDING LAKE ROAD UNIT 101 SUNRISE, FL 33351		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 956 SW 116 WAY 83 84 City DAVIE FL 85 Zip Code 33325	
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: Robert N. Branciforte, ROBERT N. BRANCIFORTE, PRES. 2-15-98 Signature Type for period ending of registered agent and if not applicable (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PRESIDENT NAME ROBERT N. BRANCIFORTE STREET ADDRESS 10025 WINDING LAKE RD, UNIT 101 CITY-ST-ZIP SUNRISE, FL 33351 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME ROBERT N. BRANCIFORTE 1.3 STREET ADDRESS 956 SW 116 WAY 1.4 CITY-ST-ZIP DAVIE, FL 33325 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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.		400002437124 -02/23/98--01004--004 ***150.00	
SIGNATURE: Robert N. Branciforte, PRES. ROBERT N. BRANCIFORTE 2/15/98 954-123-9152			

CR2E034 (10/97)