

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

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000078945 (9)

1. Corporation Name:  
SKYLINE BUILDERS, INC.

Principal Place of Business  
~~3360 NW SIXTH AVE~~  
OAKLAND PARK FL 33309

Mailing Address  
~~3360 NW SIXTH AVE~~  
OAKLAND PARK FL 33309-6010



3. Date Incorporated or Qualified  
10/11/1995

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

21 2720 Northeast 22nd Court  
Suite, Apt. #, etc.

22 City & State  
Pompano Beach FL

23 Zip  
33062

24 Country  
USA

2a. Mailing Address

26 c/o GRUBER AND ASSOCIATES, P.A.  
Suite, Apt. #, etc.

27 1650 Southeast 17th Street, 301  
City & State

28 Fort Lauderdale, FL

29 Zip  
33316-1725

30 Country  
USA

4. FEI Number  
65-0619660

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CACCAVALE, ALEXANDER L.  
~~3360 NW SIXTH AVE~~  
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name  
CACCAVALE, ALEXANDER L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o GRUBER AND ASSOCIATES, P.A.  
83 1650 Southeast 17th Street, Suite 301  
84 City  
Fort Lauderdale FL  
85 Zip Code  
33316-1725

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:

Signature of type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIP/SIT  
CACCAVALE, ALEXANDER L.  
3360 NW SIXTH AVE  
OAKLAND PARK FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
DIP/SIT  
CACCAVALE, ALEXANDER L.  
2720 Northeast 22nd Court  
Pompano Beach FL 33062  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Alexander L. Caccavale 2/06/97 954-522-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)