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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000094010

SKBC, INC.

Principal Place of Business Mailing Address						TITL BARES BAILED SBEEK ALAKE I	MATERIALIS BANTIONI
407 LINCOLN ROAD SUITE 704		407 LINCOLN ROAD SUITE 704					
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139			DO NOT WRITE IN THIS SPACE		
				•	3. Date Incorporated or Qualifed 12/12/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	`	Applied For
21	labe of Basilloss	26			65-0649220	 	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	, ,	\$8.7	5 Additional
22		27			5. Certificate of Status Desired	1 1	Required
City & Stat	e	City & State			6. Election Campaign Financing	□ \$5.0	00 May Be
23	·	28			Trust Fund Contribution	Add	ed to Fees
Zip	Country 25	Zip 3	Country	1	This corporation owes the curr Personal Property Tax.	rent year Intangible	□No
241	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered Agent	
J		Sty Low 1	81	Name			
BELOFF, JONATHAN D				Chan at A did	(D.O. Bay North in Net Asset	abla)	
SF33407 LINCOLN ROAD			82	Street Addi	ress (P.O. Box Number is Not Accepta	3016)	
SUITE 704			83				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
MIAMI BEACH FL 33139							33.30 M
		•	84	City		FI 85 Z	Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of imfamiliar with, and accept the obligati	f Florida. Such change was aut	horized by	the corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of changing of the appointment a	its registered s registered
SIGNATURE		•		•	•		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				nt signature require	d when reinstating)	DATE	TODO IN 40
12.	OFFICERS AND		13.	 	ADDITIONS/CHANGES TO OF		
TITLE	DP	DELETE	1.1 TITLE			☐ Chan	ige Addition
NAME .	BELOFF, JONATHAN D		1.2 NAME				
STREET ADDRESS	407 LINCOLN RD., STE 704		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-S	T-ZIP			
TITLE	DVP	☐ DELETE	2.1 TITLE			☐ Chan	nge
NAME	STERN, LYLE		2.2 NAME				
STREET ADDRESS	407 LINCOLN RD., STE 704	9	2.3 STREET	TADDRESS		÷ ,	
CITY-ST-ZIP	MIAMI BEACH FL 33139 🕓 🦠		2. 4 CITY-5	ST-ZIP	·	<u>:</u>	
TITLE (E.S.)	DS Least Arms	☐ DELETE	3.1 TITLE			: Chan	ige Addition
NAME	KONIVER, BRUCE		3.2 NAME				
STREET ADDRESS	2407 LINCOLN RD., STE 704		3.3 STREE	TADDRESS			1 1 20 mg
CITY-ST-ZIP	MIAMI BEACH FL 33139	<u>-</u>	3.4. CITY-5	ST-ZIP			
TITLE	DT (1)	☐ DELETE	4.1 TITLE			☐ Chan	ige Addition
NAME	CIMENT, NORMAN		4. 2 NAME				
STREET ADDRESS	407 LINCOLN RD., STE 704		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	•		☐ Chan	ge
NAME			5.2 NAME	1			

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90020 019 ***150.00

Change

Addition