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Mar 05 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 # P95000095823 (7)

1. Corporation Name
SKYLINE TELECOMMUNICATIONS, INC.



Principal Place of Business
300 S. PINE ISLAND DRIVE
SUITE 201
PLANTATION FL 33324

Mailing Address
300 S. PINE ISLAND DRIVE
SUITE 201
PLANTATION FL 33324-2020

3. Date Incorporated or Qualified 12/19/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 4101 SW 47 Ave.

2a. Mailing Address
26 4101 SW 47 Ave.

4. FEI Number 65-0627036
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 Suite 101

27 Suite 101

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 City & State
Ft. Lauderdale, FL

28 City & State
Ft. Lauderdale, FL

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

24 Zip Country
33314-4037 USA

29 Zip Country
33314-4037 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

81 Name Peter Berg
82 Street Address (P.O. Box Number is Not Acceptable)
4101 SW 47 Avenue
Suite 101
84 City Fort Lauderdale FL 85 Zip Code 33314

11. Pursuant to the provisions of Sections 607.0507 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 Peter Berg DATE 2/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PSTD~~ ☒ DELETE
NAME GOUGER, LORRAINE
STREET ADDRESS 300 S. PINE ISLAND DRIVE, SUITE 201
CITY-ST-ZIP PLANTATION FL 33324

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE P/D/S/T ☐ Change ☒ Addition
22 NAME Peter Berg
23 STREET ADDRESS 4101 SW 47 Avenue Suite 101
24 CITY-ST-ZIP Fort Lauderdale, FL 33314

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: DATE 2/27/97 (954) 583-5990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)