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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000599 (6)

SKIP, INC.

Principal Place of Business

Mailing Address

EMM BUIDAN STODE DOAD

FILED Mar 14 1997 8:00am Secretary of State

PUNTA-GORDA PL 33955		PIINTA GORDA FL 33955-1913			
	_			3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2851		. 26 2851 Vin P	ALOMA DR	65-0634018	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3 .	_City & State		6. Election Campaign Financing	\$5.00 May Be
23 PLINTA GOIZDA FL 28 PRINTA GOLDA FL		DA FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032.
24 <i>3</i> 395	O 25 CHAZOLECOZ	29 33950	30 CHANOLETTE	Florida Statutes 🗓	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
5000	HAUER, CARLTON C JR. Burnt Store Road F a Gorda FL 33955			ICLUMICE CORNE Idress (P.O. Box Number is Not Acceptable B51 Via Parama	e)
			84 City Q	WA GORNA	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes. the above-named co	propration submits this statement for the pr	urpose of changing its registered
office or re	egistered agent, or both, in the State of manifer with, and accept the obligat	if Florida. Such change wa	s authorized by the corpo	ration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,			
	Signature, typed or printed name of registered agent		(11E: Registered Agent signature rol		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1101.0	D	Change Addition
NAME	VIELHAUER, CARLTON C JR.		12 NAME	VIELHAUER CARLTON C 1851 VIA PALOMA	, o (C
STREET ADDRESS	5000 BURNT STORE ROAD		1.3 STREET ADDRESS 2	851 VIA PALONA	, _
CITY-ST-ZIP	PUNTA GORDA FL 33955		1.4 CITY - ST - ZIP	WITH GURAN FL 33	950
TITLE	ST	DELFTE	21 HILE S	T	Change L Addition
NAME	VIELHAUER, SUSAN L		2.2 NAME	lieumaner Busan 1861 VIR Pawma D	L
STREET ADDRESS	5000 BURNT STORE ROAD		2.3 STREET ADDRESS 7	851 VIA PALUMA D	R
City-St-ZIP	PUNTA GORDA FL 33955		2.4 CRY+S1+7IP	PHNYA GORDA FL	33950
TITLE		DEFFIE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-S1-ZIP		
TITLE		DITTIE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C/TY - \$1 - Z/P 5.1 T/TE		Change Addition
i		E occur			Li Gueride Li Modition
NAME			5.2 NAM[
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T person	5.4 CITY - ST - ZIP		
TITLE		DETETE	6 1 TOTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	After the second of the second		CA CIDICA ADDRESSO		
STREET ADDRESS	•,		6.3 STREET ADDRESS		

bees not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the perfect is true and accurate and that my signature shall have the same legal effect as if made under oath; that is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address. I do hereby certify that the information supplied with this fill information indicated on this annual report of supplemental I am an officer or director of the competitions, the received appears in Block 12 or Block 13 if changed, or on an attro-