


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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003804 (7)

1. Corporation Name

BLUE SKY CONSTRUCTION, INC.

Principal Place of Business

23257 STATE ROAD 7
BOCA RATON FL 33428

Mailing Address

23257 STATE ROAD 7
BOCA RATON FL 33428-5448



2. Principal Place of Business		2a. Mailing Address	
21 2700 W. Atlantic	26 2700 W. Atlantic	3. Date Incorporated or Qualified 01/08/1996	
22 # 204	27 # 204	3a. Date of Last Report	
23 Pompano Beach	28 Pompano Beach FL.	4. FEI Number 65-0635305	
24 33069	29 33069	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Broward	30 Brow.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PERSICO, JUDITH S 23257 STATE ROAD 7 BOCA RATON FL 33428		81 Name Lloyd Haig	
		82 Street Address (P.O. Box Number is Not Acceptable) 2700 W. ATLANTIC Blvd	
		83 # 204	
		84 City Pompano Beach FL 85 Zip Code 33069	

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 Lloyd Haig PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSICO, JUDITH S	1.2 NAME	
STREET ADDRESS	23257 STATE ROAD 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lloyd Haig	2.2 NAME	
STREET ADDRESS	2700 W. ATLANTIC Ave. Ste. 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Bch., FL 33069	2.4 CITY-ST-ZIP	
TITLE	Robert Gonzalez V.P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Gonzalez V.P.	3.2 NAME	
STREET ADDRESS	2700 W. ATLANTIC Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Bch., FL 33069	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 JTH

CR2E034 (9/96)