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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000037717 (1)

BLUE SKY DEVELOPMENT, INC.

APPROVED AND Sandra B. Mortham

1997 APR 29 PH 3 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  1338 VICKERS RD.  TALLAHASSEE FL 32303  TALLAHASSEE FL 32303			1041					
					<ol> <li>Date incorporated or Qualified 05/01/1996</li> </ol>	<b>3a.</b> D	ate of Last Re	port
2, Principal P	lace of Business	2a. Mailing Address	. 20	•	4. FEI Number	^	Apı	plied For
21		26 1. D. Ber	570		59-337530	<u> </u>		t Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	quired
Oity & Stat 23		28 [4] . M.	8		6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	o Fees
Zip 	Country	Zip 2.5	Count		8. This corporation has liability for			199.032,
24	25] 9. Name and Address of Cu		30 4	·S. A.	Florida Statutes  10. Name and Address of New F	Yes V		
<b>ALI</b>		Ment Pediateted Agent		1 Name	10. Name and Address of New P	egistered.	Agent	
	ERINO, JAMES R 18 VICKERS RD.		L					
	LAHASSEE FL 32303		8	2 Street Add	ress (P.O. Box Number is Not Accept	ıble)		
174			8	3				<del></del>
			6	4 City		FL	85 Zip C	;ode
office or r	egistered agent, or both, in the S m familiar with land accept the o	tate of Florida Such change was a bligations of, Section 607.0505, Flo	authorized orida Statul	by the corpora es.	poration submits this statement for the tion's board of directors. I hereby acc	ept the app	ointment as	registered
12.	Signature: typed or printed name of registers  OFFICERS	AND DIRECTORS	13.	igeni signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFF		D DIRECTOR:	S IN 12
TITLE	D	DELETE	1.1 7111				Channe	Addition
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C:17 - S1 - 2iP	TALLAHASSEE FL 32311		1.4 CITY	-ST-ZIP	*****10	3.00	*********	3.00
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NAME.			2.2 NAM	E	DI BX 436	· ·	_	
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City - St - ZiP			2. 4 CIT)	'-ST-ZIP	Sopehoppy I-L 3.	U 0 0		
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CITY S1-ZIP				-ST-ZIP			<del></del>	<del></del>
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CHY-SI-Z#			-	- 51 - ZIP		<u> </u>		
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14. Les 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 Bipsk 13 if changed, or on an attachment with an address.

SIGNATURE:

984-562-0124