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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 14 1997 8:00am

Secretary of State

Socrelary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000044745 (3)

SKY MEGA CORPORATION

Principal Place	of Business	•Mailing Address			t indiiladi ili ibila diili onili ediki onili dalil diali bibli ondil bibli olili iddi				
4570 49TH AVE N ST PETERSBURG FL 33714		4570 49TH AVE N ST PETERSBURG FL 33714-2838							
÷			•			3. Date Incorporated or Qualified 05/20/1996	3a . Da	te of Last F	Report
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Numbor		y. A	pplied For	
21		26						ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #} etc.			5. Certificate of Status Desired			Additional	
22		27						equired .	
City & State	9	City & State			6. Election Campaign Financing	г		May Be	
Zip Country		Zip Country			Trust Fund Contribution			to Fees	
Zip		├ ─ '	30	цy		8. This corporation has liability for in Ftorida Statutes		tax unoers TNo	s. 199.032,
24	25 9. Name and Address of Current	29 Registered Apent	30]			10. Name and Address of New Reg			
					Name				
	ION, THERESA								
	49TH AVE N		8	32	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
51 P	ETERSBURG FL 33714	-							
			8	14	City	- 4		85 Zip	Code
**************************************							FL	<u> </u>	
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 Theresa MAThere									
SIGNATURE	Signature, Typod or printed name of registereo agoni	nt signature require	ed when reinstating)	DAIL	•	•			
12.	DRESIDE OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TATLE	Therosin mat	MON DEFETE	1.111118	£.				Change	Addition
NAME	1 (3.1)	_t ₩	1.2 NAM						
STREET ADDRESS				1.3 STREET ADDRESS					:
CITY-ST-ZIP	Vice president Tryce DELETE			1.4 CITY- ST-7IP					The age.
TITLE	Vice president Jayan DELETE			2.1 TITLE				Change	Addition
NAME	5226 ath and no			MΕ	^1				
STREET ADDRESS	SI Reto FIA 3	くてついか	2.3 STRE	[6] /	ADDRESS	•			
CITY-ST-ZIP	31 (0.00		2. 4 CITY		1 · Z(P			Chappe	Addition
TITLE	Sec. Ret pry	DELETE	3.1 1011					Change	Nontiali
NAME	MILLANCE MOUNT	Oin	3.2 NAM						
STREET ADDRESS	13472 11.	ave N			ADDRESS				
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TIFE	TROSUROR		4 1 TITL					change	
NAME	Joyce Lown	W th	4. 2 NAN		1000000				
STREET ADDRESS	ran an ave			4.3 STREET ADDRESS					
CITY-ST-ZIP	Sacra Pete Fla 33710			4.4 CHY-ST-7IP 5.1 TITLE				Change	Addition
TITLE								villinge	, nonitori
NAME			5.2 NAM		Abbbecc				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITE		1 - 7113			Change	Addition
TITLE		☐ often						- onungo	. , 100,11011
NAME			6.2 NAM		ADDDLCC				
STREET ADDRESS			6.3 STRI	tt.i i	ADDRESS				

I do hereby certify that the information supplied with this filling 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.