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May 14 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 # P96000044745 (3)

1. Corporation Name

SKY MEGA CORPORATION

Principal Place of Business

4570 49TH AVE N
ST PETERSBURG FL 33714

Mailing Address

4570 49TH AVE N
ST PETERSBURG FL 33714-2838



3. Date Incorporated or Qualified

05/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

MATHON, THERESA
4570 49TH AVE N
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Mathon

(NOTE: Registered Agent signature required when reinstating)

4-19-97

12. PRESIDENT OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Theresa Mathon
4570 49 ave N
St Pete FL 33710

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President Joyce Lenned
5226 9th ave N
St Pete FL 33710

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Sec. Ret. Theresa Mathon
4570 49 ave N
St Pete FL 33714

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer Joyce Lenned
5226 9th ave N
St Pete FL 33710

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 Theresa Mathon

4-19-97 (83)

CR2E034 (9/96)