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 # P96000045873 (2)

SKYLINE PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

ATE COMMERCIAL DIVID DE SOS

176 COMMERCIAL DIVIN STE 100

FILED Apr 29 1997 8:00am Secretary of State



	BY THE SEA FL 33308	LAUDERDALE BY THE SEA				
	`			3. Date Incorporated or Qualified 3. Date of Last Report 05/30/1996		
	ace of Business	2a. Mailing Address	/	4. FEI Number Applied For		
21 621	N.W. 53 ST.	26 621 N.V	v. 53	57. 65-0674135 Not Applicable		
Suite, Apt. 1		Suite, Apt. #, etc.		5. Certificate of Status Desired		
City & State 23 BocA		City & State	TON FL			
24 334E	37 25 PALIN BC		Country 30 PALM	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent		
	Maldi, robert j q NW 101 AVE			TANDER OF THE STATE OF THE STAT		
TAMARAC FL 33321				PARK PLACE STE 240		
			83	621 NW 53RD GT		
	_		84 City	85 Zip Code		
		1	"", 5	VYOCA VRATON FL 33487		
11. Pursuant t	to the provisions of Sections 607.05	and 607.1508, Florida Statute	s, the above-name	of corporation submits this statement for the purpose of changing its registered exporation's board of directors. I hereby accept the appointment as registered		
agent. I ar	ni languar with glid accept the colic	tions of, Section 607.0505, Flo	rida Statutes.	reportation's board of directors. Thereby accept the appointment as registered		
SIGNATURE	XX sour	imsld.		4/24/97		
		ent and title if applicable. (NOTE		are required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12. Tiflě	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE	PIRECTOR OPERATIONS Change WAddition		
NAME	//	E.J OLLLIC	1.2 NAME	CHAPLES C. GEE		
STREET ADORESS	<u> </u>		1.3 STREET ADDRESS	CHARLES G. GER 680 N.W 35 Court		
)			1	FT. LAUDERDALE, FL. 33309		
CITY-ST-ZIF TITLE		☐ DELETE	1.4 CITY+ST-ZIP 2.1 TITLE	Change Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	Change Additio		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additio		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	3		
C(1Y-S1-7IP			4.4 CITY-ST-ZIP			
Tille		☐ DELETE	5.1 TITLE	Change Additio		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-\$T-ZIP			
THILE		☐ DELETE	6.1 TITLE	Change Additio		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	s		

14. I do horeby 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 changest, or on an attachment with an address.