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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90030 023 ***150.00

DOCUN 1. Corporation SKY FOC		064185			
Principal Place	of Business	Mailing Address	,	I \$0000000 110 10150 01516 \$0119 \$0111 00316 80160 01611 0600 6100 6100 1100 1100	
6671 W INDIANT		6671 W INDIANTOWN RD			
#56422	·	#56422			
JUPITER FL 334	58	JUPITER FL 33458		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed	
2 Principal Pla	ace of Business	2a. Mailing Address		07/30/1996 4. FEI Number Applied For	
21	ace of business	26	and a second	65-0681992 Not Applicat	_
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	- 1
23		28		Trust Fund Contribution Added to Fees	
Zíp	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	
24	25		30	Personal Property Tax. Services UNo 10. Name and Address of New Registered Agent	-
	9. Name and Address of Current	t Registered Agent	81 Name		\dashv
ROTI	IE, ARNE L II				
16374 134 TERRACE NORTH				Address (P.O. Box Number is Not Acceptable)	٠,
JUPN	TER FL 33478		83		\neg
				456432 - Jan Zin Code	
			84 City	JUPITOT FL 33458	
11. Pursuant to	the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registere to cation's board of directors. I hereby accept the appointment as registered	d
office or re agent, I an	gistated agent, or both, mythe State on Infamiliar with, and accept the obligati	of Bection 607.0505. Flori	ithorized by the corpo	oration's board of directors. I hereby accept the appointment as registered	ſ
			ne omicies.		
SIGNATURE	(NUAL 1) K	KUM		3-25-99	-
	Standers, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature r	required when reinstating) DATE	
12.	Sylhatens, typed of printed name of registered agent	t and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
12.	Splithward, typed of printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature r 13. 1.1 TITLE	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P Change Add Add	2
12. TITLE NAME	OFFICERS AND P ROTNE, ARNE L II	t and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature in 13. 1.1 TITLE 1.2 NAME	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P Change Add Add	2
12. TITLE NAME STREET ADDRESS	P ROTNE, ARNE L II 16374 134 TERRACE NORTH	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROTNE, SUSIE B. COLOTI W. Indian town Rd #56422	2
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P ROTNE, ARNE L II	t and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature in 13. 1.1 TITLE 1.2 NAME	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P Change Add Add	2 lition
12. TITLE NAME STREET ADDRESS	P ROTNE, ARNE L II 16374 134 TERRACE NORTH	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PROTNE, SUSIE B. Echange MADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROTNE, SUSIE B. Echange MADDITIONS Rd # 56422	2 lition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROTNE, ARNE L II 16374 134 TERRACE NORTH	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature i 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ROTNE SUSIE B. Change Add #56422 JUPITER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROTNE SUSIE B. Change Add #56422 JUPITER PL 33458	2 lition
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14. I 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 suppliemental 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 attachmen with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99 (561) 776-5641

Daytime Phone