## 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 # P96000079156 (1)

SKY DIVE PALM BEACH, INC.

Principal Place of Business

1800 EMBASSY DRIVE WEST PALM BEACH FL 33401 Maiting Address

1800 EMBASSY DRIVE

WEST PALM BEACH FL 33401-1969

## Reinstatement-97

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 27 AM 9: 01

He 10/29



				3. Date Incorporated or Qualified 3a. Date of Last Report
				09/24/1996 <i>1/a</i>
	Place of Business	2a. Mailing Address	س بم	4. FEI Number Applied For
	- <u> </u>	26 3800 S.R.	715	65-6499958 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & Stat	•	City & State	· · · · · · · · · · · · · · · · · · ·	AF 00
	okee FLORIDA	28 Panokee,	Florida	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032
24 334	7 6 25 LISA	29 33476 30		Florida Statutes Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
DODGIN, PATRICK  81 Name DODGIN, PATRICK				
4000 PARAGOV DONE				Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33401 3800				
83				
, <b>4</b>			84 City	85 Zip Code
ľ				Panokee, 1 FL 85 33476
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 horeby accept the appointment as registered agent. I am famility, and accept the appointment as registered agent. I am famility, and accept the appointment as registered agent.				
SIGNATURE CHIEF AND MARCH PATRICK D. DOGO in Out 20, 197				
Signature, typed or 1 x3 name of registered agent and applicable (NOTE Registered Agent aignature required who Constaining)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1.1 TITLE	P, T
NAME	DODGIN, PATRICK		1.2 NAME	MORIN, PATRICK
STREET ADORESS	1800 EMBASSY DRIVE		1.3 STREET ADDRESS	3800 S.K. 715
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CiTY-ST-ZIP	Pahokee, PL 33476
TITLE		DELETE	2.1 TITLE	S Change X Addition
NAME			2.2 NAME	DODGIN, AMY SMITH 1800 EMBASSY DR. 4/32
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 C(TY - ST - Z(P	WEST PARM BEACH, FL 33401
TITLE		☐ DELE1E	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	0000023332703 -10/29/9701128004_
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	-10/23/9701128004
TITLE		☐ DELETE	4.1 TITLE	****208.75 □************************************
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	00000023332703
CITY-ST-ZIP		DELETE	4.4 City-St-ZiP	-10/29/9701128005 ****550.00 *****556.00
TITLE		☐ DELETE	5.1 TITLE	****550.00 \*\\$\\$\\$550.00\
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREFT ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP 6.1 Title	Change Addition
NAME		Em) DETELE	6.1 TITLE 6.2 NAME	Ent Change E J Adunton
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

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.