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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080239 (2)

SKYLINE DEVELOPMENT GROUP, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			
9825 S.W. 63F		9825 S.W. 63RD COURT				
MIAM! FL 33156		MIAMI FL 33156	MIAMI FL 33156			DO NOT WIDITE IN THIS PRACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Place of Business 28. Mailing Address						09/27/1996 4. FEI Number Applied For
	ace of Busiless	ı				[7,155.00]
Suite, Apt. s	# atc	[26] Suite Art # etc	Suite, Apl. #, etc.			65-0718393 Not Applicable
22			27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		ի դ′	28			Trust Fund Contribution Added to Fees
Zip	Country	7 _(P) Co		try		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu					10. Name and Address of New Registered Agent
KOFFSKY, DANIEL R 81 Name						
	5 S.W. 63RD COURT	•	82 Street A		Stroot Ad	ddress (P.O. Box Number is Not Acceptable)
	MI FL 33156			72	Street Au	oriess (F.O. box Nomber is Not Acceptable)
			Įε	33		
			<u>-</u>		-	
			10	34	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 Horida. 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 Signature, typicitizer profiled name of registered agent and life of applicable (NOTE: Registered Agent signature requirements)					quired when reinstating) DATE	
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ð	☐ DELETE	1.1 TITU	E		Change Addition
NAME	KOFFSKY, DANIEL R		1.2 NAME			
STREET ADDRESS 9825 S.W. 63RD COURT			1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CH Y	/ - \$T	- ZIP	
TITLE		L_ DELETE	DELETE 2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			2. 4 City-St-ZiP		I-ZIP	
TITLE		☐ DELETE	1		ļ	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		1 - ZIP	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	ΝE		
STREET ADDRESS			4.3 STRE	FE1 A	ADDRESS	
CITY-ST-ZIP	T-ZIP DELETE			4.4 CITY - ST - ZIP		
TITLE	 DEL€		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	·		5 3 STRE	EET #	ADDRESS	
CITY-ST-ZIP				54 CITY-ST-ZIP		
TITLE	L] DELETE			61 TITLE		Change L. Addition
NAME			62 NAM		-	
STREET ADDRESS			6.3 STRE	EET #	ADDRESS	
CITY-ST-ZIP	math. disast it a lafe-	al adal alam () and alam and a second	6.4 CITY			Code at 440 07/07/0 Florida Chaustan Literatura and annual florida
14. Thereby 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 of 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.						
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325-373-8552