

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

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000018626 (6)

1. Corporation Name  
BIG BLUE SKY ENTERPRISES, INC.



Principal Place of Business <del>3600 SW 114th Place</del> <del>Ft. Lauderdale, FL 33325</del>	Mailing Address <del>11700 SW 114th Place</del> <del>Ft. Lauderdale, FL 33325</del>
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 977 S.W. 114th Terrace Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL 24 Zip 33325 Country U.S.A.		2a. Mailing Address 26 P.O. Box 551345 Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL 29 Zip 33355-1345 Country U.S.A.		3. Date Incorporated or Qualified 02/27/1997	
		4. FEI Number 65-0726389		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ADAMS, ROY F SR. <del>11700 SW 114th Place</del> <del>Ft. Lauderdale, FL 33325</del>				10. Name and Address of New Registered Agent 81 Name Roy F. Adams Sr. 82 Street Address (P.O. Box Number is Not Acceptable) 977 S.W. 114th Terrace 83 84 City Ft. Lauderdale FL 85 Zip Code 33325	
---	--	--	--	--	--

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 *Roy F. Adams* 1-13-98  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/VP/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, JANICE M			1.2 NAME	Adams, Janice M.		
STREET ADDRESS	<del>11700 SW 114th Place</del>			1.3 STREET ADDRESS	977 S.W. 114th Terrace		
CITY-ST-ZIP	<del>Ft. Lauderdale, FL 33325</del>			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33325		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ROY F SR.			2.2 NAME	Adams, Roy F. Sr.		
STREET ADDRESS	<del>11700 SW 114th Place</del>			2.3 STREET ADDRESS	977 S.W. 114th Terrace		
CITY-ST-ZIP	<del>Ft. Lauderdale, FL 33325</del>			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33325		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 *Janice M. Adams* 1/13/98  
Signature typed or printed name of signing officer or director DATE

CR2E034 (10/97)