

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90121 041 ***150.00

DOCUMENT # P97000020686

1. Corporation Name

SKY SUPPORT UNLIMITED, INC.

Principal Place of Business

1828 SW 24 TERR
FORT LAUDERDALE FL 33312
US

Mailing Address

1136 SE 3RD AVENUE
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0735752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1828 SW 24 TERR

2a. Mailing Address

26 1828 SW 24 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Laud. FL

City & State

28 Fort Lauderdale, FL

Zip

24 33312 25 USA

Zip

29 33312 30 USA

9. Name and Address of Current Registered Agent

TYRRELL, DEBORAH L
1136 SE 3RD AVENUE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name Deborah L. Tyrrell
82 Street Address (P.O. Box Number is Not Acceptable)
1828 SW 24 TERR
83
84 City Fort Lauderdale FL 85 Zip Code 33312

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 Deborah Tyrrell

4.29.99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TURRELL, DEBORAH
STREET ADDRESS 1828 SW 24 TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE SVP
NAME WASOFF, RICHARD
STREET ADDRESS 4250 OCEAN DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VP
NAME KAMMERER, DANIEL
STREET ADDRESS 1820 SW 14TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Deborah Tyrrell
1.3 STREET ADDRESS 1828 SW 24 TERR
1.4 CITY-ST-ZIP Fort Laud. FL- 33312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other life empowered.

SIGNATURE: Deborah Tyrrell

4.29.99 954-791-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0297668