

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthem**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000051757 (7)**

1. Corporation Name  
**SKY INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
**7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/11/1997**

2. Principal Place of Business 2a. Mailing Address  
**7000 W. PALMETTO PARK RD SUITE 407 BOCA RATON FL**

4. FEI Number **65-0771360**  
 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**RITTER, GREGORY J**  
**7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
**RAFI RUBINEZ**  
**7000 W. PALMETTO PARK ROAD SUITE 407 BOCA RATON FL 33433**

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 **RAFI RUBINEZ** *Rafi Rubinez* **4/23/98**  
Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RITTER, GREGORY J</b>	
STREET ADDRESS	<b>7000 W PALMBETTO PARK RD, STE 400</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>RAFI RUBINEZ</b>		
1.3 STREET ADDRESS	<b>7000 W. PALMETTO PARK ROAD #407</b>		
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Rafi Rubinez* **RAFI RUBINEZ PRESIDENT 4/1/98 561-368-5420**

CR2E034 (10/97)