

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
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FILED
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DOCUMENT # P97000051757

1. Corporation Name
SKY INVESTMENTS, INC.



Principal Place of Business 7000 WEST PALMETTO PARK ROAD 470 BOCA RATON FL 33433 US	Mailing Address 7000 WEST PALMETTO PARK ROAD 407 BOCA RATON FL 33433 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 06/11/1997
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0771360 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RITTER, GREGORY J 7000 W PALMETTO PARK RD STE 407 SUITE 400 BOCA RATON FL 33433	10. Name and Address of New Registered Agent 81 Name RUBINEZ RAFI 82 Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK ROAD 83 SUITE 407 84 City BOCA RATON, FL 33433 FL 85 Zip Code
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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 *[Signature]* (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RITTER, GREGORY J		12 NAME	
STREET ADDRESS 7000 W PALMETTO PK RD 407		13 STREET ADDRESS	
CITY- ST- ZIP BOCA RATON FL 33433		14 CITY- ST- ZIP	
TITLE P	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBINEZ RAFI		22 NAME	
STREET ADDRESS 7000 W. PALMETTO PARK ROAD		23 STREET ADDRESS	
CITY- ST- ZIP BOCA RATON, FL 33433		24 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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14. I hereby certify that the information provided in 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. *[Signature]*

SIGNATURE: *[Signature]* 1/29/99 561-368-5420