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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700052044 (9)

BLUE SKY INVESTMENTS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address 2101 SW 136 AVE. 2101 SW 136 AVE. DAVIE FL 33325 DAVIE FL 33325 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Mapheo Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country 8. This corporation owes or has paid the current year Intaggible 24 25 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PFEIFFER, GEORGE J JR. 2101 SW 136 AVE. Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33325** 83

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE **PFEIFFER, GEORGE J JR.** 12 NAME NAME 2101 SW 136 AVE. STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 33325 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 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 supplimentary fundation indicated on this annual report or supplimentary fundation of the corporation of the recover of trystep 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 avalence with in address.

SIGNATURE:

Zip Code

FILED

May 01 1998 8:00am

Secretary of State