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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065253 (1)

1. Corporation Name

SKYLINE SPORTS, INC.

Principal Place of Business

809 SW 51ST TERR.
CAPE CORAL FL 33914

Mailing Address

1500 COLONIAL BLVD., SUITE 103
FT. MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
24		29		7. This corporation owes or has paid the current year intangible	
25		30		Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR.
1500 COLONIAL BLVD., SUITE 103
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81	Name	BRACHER, KENNETH P
82	Street Address (P.O. Box Number is Not Acceptable)	809 SW 51ST TERRACE
83		
84	City	CAPE CORAL
85	Zip Code	FL 33914

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BRACHER, KENNETH P	1.2 NAME	
STREET ADDRESS	809 SW 51ST TERR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33914	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	PANDOLFI, JEROLD	2.2 NAME	
STREET ADDRESS	5031 SW 8TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33904	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	POTOCZNY, WILLIAM M	3.2 NAME	
STREET ADDRESS	4805 SORRENTO CT., #7	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33904	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

Signature, typed or printed name of signing officer or director

Signature, typed or printed name of signing officer or director

CR2E034 (10/97)