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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SKT SALES, INC.

P97000090711 (7)

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1.00,100,1				••••••		
32520 PURDU			32520 PURDUM AVE.									
LEESBURG FL 34788			LEESBURG FL 34788					DO NOT WRITE IN THIS SPACE				
							3. Date Incor	porated or Qualified		-		
							10/21/1		•			
2. Principal P	lace of Business	2	2a. Mailing Address				4. FEI Numb			Ар	plied For	
21			26				5a-3	3464-23	3	No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					of Status Desired		\$8.75	Additional	
22			27				b. Certificate	oi Siaius Desired		Fee Re	equired	
City & State			City & State				6. Election C	ampaign Financing	_	\$5.00		
23			28				Contribution		Added t			
Zip		untry	- Ζιρ ⊐	Cour				oration owes or has	_			
24	25 9. Name and Address of C				30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
711	AMERMAN, JEFF	uress of Current neg	listeren Affaut		81	Name	10, realito dire	A Addition of Helif	iogiotoroa A	gont		
	520 PURDUM AVE			Ļ								
LEESBURG FL 34788				82 Si			et Address (P.O. Box Number is Not Acceptable)					
CCI	ESOUNG FL 34700	,		-	83	•						
												
				ļ	84	City			FL	85 Zip 0	Code	
11. Pursuant	to the provisions of \$	Sections 607.0502 and	1 607.1508, Florida Stati	utes, the ab	ove	-named	corporation submits t	his statement for the	purpose of	t t changing it	s registered	
office or r	r egister ed agent, or l	noth, in the State of Ek	irida. Such change was of, Section 607.0505. F	s authorized	ı bv	the corr	poration's board of d ir	ectors. I hereby acc	ept the appo	intment as	registered	
•	im laminar with, and	accept the obligations	or, accusin 607.6363. I	ionda otati	3163	٠.						
SIGNATURE	Signature, typed or printed	name of rug-shired agent and	litle if applicable (NC	OTE Registered	Agei	ni signalute	required when reinstating)		DATE			
12.		OFFICERS AND DIR	ECTORS	13.				CHANGES TO OF				
TITLE			☐ DELETE	1.1 10	LE		secretary	Treasur		Change	Addition	
NAME				1.2 NA	ME		SHPMOM.					
STREET ADDRESS				1.3 ST	REET	address	32620 Pur				Į:	
CITY-ST-ZIP					14 CITY - ST - ZIP		Lecalourgi	PL 34781	<u> </u>			
TITLE			DELETE	2 1 TH	LE					Change	☐ Addition	
NAME				2.2 NA	ME							
STREET ADDRESS				2.3 ST	REET	ADDRESS						
CITY-ST-ZIP				2.4 C		ST - ZIP					11000	
TITLE			L DELETE	3 1 717				17		i Change	Addition	
NAME				3.2 NA								
STREET ADDRESS				l i		address						
CITY-ST-ZIP			Drifte	3.4. CI		ST-ZIP				Change	Addition	
TITLE			☐ DELETE	4.1 TIT						Change	C VOUNDE	
NAME				4. 2 N/		*****						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE	4.4 CIT		I - ZIP				Change	Addition	
TITLE			(DEFEIG							onengo		
NAME				5.2 NA		4000555	1					
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE	5.4 CIT 6.1 TIT		1 - ZIP				Change	Addition	
TITLE			C DETAIL									
NAME				6.2 NA		ADDRESS						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	Certify that the inform	nation supplied with thi	is filing does not qualify	for the exe	mol	tion state	1 ed in Section 119.07(3	3)(i), Florida Statutes	. I further cer	tify that the	information	
indicated	L on th is annual repor	rt or supplemental ann	ual report is true and a or trustee empowered to	ccurate and	i tha	at mv sic	onature shall have the	same legal effect a	s if made und	der oath; tha	atiam an	
		ed, or t in aji a ttachme		o execute t	i 115 T	report as	s required by Chapter	507 FIORIDA SIALUIS	e, and math	у пано вр	poara iii	
	-	1 F 4	, , ,									