

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

FILED
Apr 24 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000108004 (7)

1. Corporation Name
BLUE SKIES PARASAIL, INC.



| | |
|---|---|
| Principal Place of Business 803-A GULF DRIVE S. BRADENTON FL 34217 | Mailing Address 803-A GULF DRIVE S. BRADENTON FL 34217 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/23/1997 | |
| 4. FEI Number 65-0812825 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 3324 36th St. N. Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip Country 24 33713-2414 25 | 2a. Mailing Address 26 246 Presidio Place Suite, Apt. #, etc. 27 City & State 28 Williamsville, NY Zip Country 29 14221 30 |
|--|---|

| | |
|---|---|
| 9. Name and Address of Current Registered Agent JOSEPH, GINA MARIE 803-A GULF DRIVE S. BRADENTON FL 34217 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3324 36th St. N. 83 84 City St. Petersburg, FL 85 Zip Code 33713 |
|---|---|

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 *Gina M. Joseph Sec. of State* DATE **4/17/98**
Signature, typed or printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH, ELIZABETH A | 1.2 NAME | |
| STREET ADDRESS | 246 PRESIDIO PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLIAMSVILLE NY 14221 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH, GINA MARIE | 2.2 NAME | |
| STREET ADDRESS | 803-A GULF DRIVE S. | 2.3 STREET ADDRESS | 3324 36th St. N. |
| CITY-ST-ZIP | BRADENTON FL 34217 | 2.4 CITY-ST-ZIP | St. Petersburg, FL 33713 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLS, ROBERT L | 3.2 NAME | |
| STREET ADDRESS | 803-A GULF DRIVE S. | 3.3 STREET ADDRESS | 3324 36th St. N. |
| CITY-ST-ZIP | BRADENTON FL 34217 | 3.4 CITY-ST-ZIP | St. Petersburg, FL 33713 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Elizabeth A. Joseph* **Elizabeth A. Joseph 4/17/98 716-626-5110**

CR2E034 (10/97)