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

DOCUMENT # P98000106907

BLUE SKY INVESTMENT GROUP, INC.

Principal Place o	ii business
3389 SHERIDAN ST	#180
HOLLYWOOD FL 33	2021

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90097 036 ***150.00



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Principal Plac	ce of Business	Mailing Address				T (Bariani (in inib) (att) nett abit antat ziet	OBIIO OILIA SOLI	J EIII 1881 1681
389 SHERIDAN		3389 SHERIDAN ST #180						
OLLYWOOD F		HOLLYWOOD FL 33021						
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed	-	
						12/28/1998	-114	. K - d F
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				65-0883152		ot Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional		
22		27						equired
City & Sta	te	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country -	Zip - ·	—-Соиг	ntry	~ ~~.	- 8. This corporation owes the current year.	_	· ·
24	25		30		.— 	Personal Property Tax.	∐ Yes	No
	9. Name and Address of Curre	ent Registered Agent		ا د هـ		10. Name and Address of New Register	d Agent	
				81	Name			
	MORE, WENDY		<u> </u>	82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	SHERIDAN ST #180				2			
HOL	LYWOOD FL 33021		ľ	83				
				_	-0:		0.5 7:	Code
				84	City	F	85 Zip	Code
office or	registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized ida Statu	by t	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as r	egistered
	Signature, typed or printed name of registered ag	<u>'' </u>		Agent	signature require	d when reinstating) DATE	AND DIDECT	ODE IN 42
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				□ clialige	
NAME	WETMORE, WENDY							
STREET ADDRESS	s 3389 SHERIDAN ST #180				ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP		-ZIP			- A
TITLE		☐ DELETE	2.1 TIT	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	s		2.3 STF	REET	ADDRESS			
CITY-ST-ZIP			2. 4 CF	TY-S	T-ZIP		· - · ·	
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NAME			3.2 NA	ME				
_STREET ADDRESS	s		3.3 STI	REST	ADORESS			
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			5.2 NA				_ •	
NAME					ADDRESS			
STREET ADDRES	s		5.4 CIT		ļ			
CITY-ST-ZIP	 	☐ DELETE	6.1 TIT				Change	☐ Addition
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STREET ADDRESS	s	D pereie		ME REET	ADDRESS		C onlings	

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, with all other like empowered.