

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
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DOCUMENT # **S15078** (6)  
1. Corporation Name  
**SKY MANAGEMENT CO.**

Principal Place of Business <b>11410 N KENDALL DR SUITE 212 MIAMI FL 33176 US</b>	Mailing Address <b>11410 N KENDALL DR SUITE 212 MIAMI FL 33176 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3106 COMMERCE PARKWAY</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIRAMAR, FL</b> Zip 24 <b>33025-3943</b>		2a. Mailing Address 26 <b>3106 COMMERCE PARKWAY</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIRAMAR, FL</b> Zip 29 <b>33025-3943</b>		3. Date incorporated or Qualified <b>11/27/1990</b>	
4. FEI Number <b>65-0262128</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>SCHIMMIL, LAWRENCE 11410 N KENDALL DR SUITE 212 MIAMI FL 33176</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	8940 N KENDALL DR SUITE 601 E	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS		3.1 TITLE	3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	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 recorder 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Office #

0160000

CR2E034 (10/97)