FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S34878 (6)

1. Corporate Name

SKYTRACKER OF FLORIDA, INC.

Principal Place of Business: 224 ANNIE ST ORLANDO FL 32806

Mailing Address: 224 ANNIE ST ORLANDO FL 32806

3. Date Incorporated or Qualified	02/26/1991
3a. Date of Last Report	03/10/1994
4. FEI Number	59-3051807
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
8. Florida Statutes	X Yes ☐ No

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 | County 25 | Zip 29 | 30

9. Name and Address of Current Registered Agent

WOLFE, ROBERT W.
224 ANNIE ST
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _______ DATE _______

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ROSS, JEROME
STREET ADDRESS	224 ANNIE STREET
CITY-ST-ZIP	ORLANDO FL
TITLE	T
NAME	ROSS, JEROME
STREET ADDRESS	224 ANNIE STREET
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurate, complete and true. 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: Jerome Ross — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95 407-330-6530

0066700 CP