## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

S41317 DOCUMENT #
1. Corporation Name

(6)

SKILTEC, INC.

Principal Place of Business

Mailing Address



| 4610 NORTHWEST 93RD AVENUE<br>SUNRISE FL 33351 |  | 4610 NORTHWEST 93RD AVENUE<br>SUNRISE FL 33351 |   |                               | Date Incorporated or Qualified  | 3a. Date of Last R                           | eport                              |
|--|--|--|---|-------------------------------|---|--|------------------------------------|
|  |  |  |   |                               | 03/27/1991  | 05/25/199                                    |                                    |
| 2. Principal Pla                               | ice of Business                                  | 2a. Mailing Address                            | 2a. Mailing Address                               |                               | 4. FEI Number   | <b></b>                                      | Applied For                        |
| 21   |  | 26   |   |                               | 65-0253283 Not Applicabl  |  | <u></u>                            |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                            | ¬   |                               | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required               |                                    |
| City & State                                   |  | City & State                                   |   |                               | Election Campaign Financing     Trust Fund Contribution                                 |  | O May Be<br>d to Fees              |
| Zip<br>24                                      | Country 25                                       | Zip<br><b>29</b>                               | Country 30  |                               | This corporation has liability for a Florida Statutes                                   |  | 199.032,                           |
|  | 9. Name and Address of Cur                       | rent Registered Agent                          |   |                               | 10. Name and Address of New R   | egistered Agent                              |                                    |
| l  |  |  | 81  | Name                          |   |  |                                    |
| GOLDNER, JEFFREY<br>4610 NORTHWEST 93RD AVENUE |  |  | 82  | Street Add                    | ress (P.O. Box Number is Not Acceptab   | le)  |                                    |
|  | E FL 33351                                       |  | 83  |                               |   |  |                                    |
|  |  |  | 84  | City                          |   | FL 85 Zi                                     | p Code                             |
| or registere                                   | ed agent, or both, in the State of F             | lorida. Such change was authori                | ized by the corp                                  | named corpo<br>Joration's boa | ration submits this statement for the pur<br>ird of directors. I hereby accept the appo | pose of changing its pointment as registered | registered office<br>d agent. I am |
| familiar wit<br>SIGNATURE _                    | h, and accept the obligations of, S              | ection 607.0505, Florida Statute               | <b>9</b> \$.                                      |                               |   |  |                                    |
| SIGNATURE _                                    | Signature, typed or printed name of registered a |  | IOTE Birgistered Age                              | nt signature require          |   | DATE   | 550 04.00                          |
| 12.  |  | AND DIRECTORS                                  | 13.   |                               | ADDITIONS/CHANGES TO OFF  | CERS AND DIRECTO                             | DRS IN 12                          |
| TITLE  | D<br>Goldner, Jeffrey                            |  | 1. 1 TITLE  |                               |   | [_] Change                                   | LI Addition                        |
| NAME   | 4610 N.W. 93RD AVENUE SUNRISE FL                 |  | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |                               |   |  |                                    |
| STREET ADDRESS                                 |  |  |   |                               |   |  |                                    |
| CITY-ST-ZIP<br>TITLE                           |  |  | 2 1 Trile   | 51-20"                        |   | Change                                       | Addition                           |
| NAME   |  |  | 2.2 NAME  |                               |   |  |                                    |
| STREET ADDRESS                                 |  |  |   | T ADDRESS                     |   |  |                                    |
| CITY-ST-ZIP                                    |  |  | 2 4 CITY - ST - ZIP                               |                               |   |  |                                    |
| TITLE  | ☐ DELETE   |  | 3 1 TITLE   | .,                            |   | ☐ Change                                     | ☐ Addition                         |
| NAME   |  |  | 3 2 NAME  |                               |   |  |                                    |
| STREET ADDRESS                                 |  |  | 33 STREE  | LADORESS                      |   |  |                                    |
| CITY-ST-ZIP                                    |  |  | 3.4 CITY -  | ST-ZIP                        |   |  |                                    |
| TITLE  | DELETE   |  | 4 1 TITLE   |                               |   | ☐ Change                                     | ☐ Addition                         |
| NAME   |  |  | 4.2 NAME  |                               |   |  |                                    |
| STREET ADDRESS                                 |  |  | 4.3 STREE   | T ADDRESS                     |   |  |                                    |
| CITY - ST - ZIP                                |  |  | 4.4 CITY -  | ST-712                        |   |  |                                    |
| TITLE  | ☐ DELETE   |  | 5 1 TITLE   |                               |   | Change                                       | Addition                           |
| NAMÉ   |  |  | 5.2 NAME  |                               |   |  |                                    |
| STREET ADDRESS                                 |  |  | 5 3 STREE   | T ADDRESS                     |   |  |                                    |
| CITY-ST-Z/P                                    |  |  | 5 4 CITY-   | ST-ZIF                        |   |  |                                    |
| THLE   | PT DE ETC  |  | 6 1 TITLE   |                               |   | ☐ Change                                     | Addition                           |
| NAME   |  |  | 6.2 NAME  |                               |   |  |                                    |
| STREET ADDRESS                                 |  |  | 6.3 STREE   | T ADDRESS                     |   |  |                                    |
| CITY-ST-ZIP                                    | 1  |  | 6.4 C/TY-   | S1 - 71P                      |   |  |                                    |

14. Ido hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

3/16/96