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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90014 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S41317

1. Corporation Name
SKILTEC, INC.



Principal Place of Business
**4610 NORTHWEST 93RD AVENUE
SUNRISE FL 33351**

Mailing Address
**4610 NORTHWEST 93RD AVENUE
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1991

4. FEI Number
65-0253283

Applied For
☐ Not Applicable

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. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **4175 N.W. 67 WAY**

2a. Mailing Address
26 **4175 N.W. 67 WAY**

Suite, Apt. #, etc.
22 **CORAL SPRINGS, FL.**

Suite, Apt. #, etc.
27 **CORAL SPRINGS, FL.**

City & State
23 **33067-3024**

City & State
28 **33067-3024**

Zip Country
24 Country

Zip Country
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDNER, JEFFREY
4610 NORTHWEST 93RD AVENUE
SUNRISE FL 33351**

81 Name
GOLDNER, JEFFREY

82 Street Address (P.O. Box Number is Not Acceptable)

83 **4175 N.W. 67 WAY**

84 City **CORAL SPRINGS** FL 85 Zip Code **33067**

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 **D GOLDNER, JEFFREY**
STREET ADDRESS **4610 N.W. 93RD AVENUE**
CITY-ST-ZIP **SUNRISE FL**

1.1 TITLE
1.2 NAME **GOLDNER, JEFFREY**
1.3 STREET ADDRESS **4175 N.W. 67 WAY**
1.4 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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.

SIGNATURE:

Jeffrey Goldner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99

954 803-2717

Date

Daytime Phone #

CR2E034 (11/98)