FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **S48674** **(3)**

95 MAY -1 PM 2:33

1. Corporate Name

SKYCASTLES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
901 OAK REGENCY LANE BRANDON FL 33511-6025 US	901 OAK REGENCY LANE BRANDON FL 33511-6025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3063127	☐ 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 has liability for corporate tax under s. 220.02, Florida Statutes: ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDEZ, MARI T. 901 OAK REGENCY LANE BRANDON FL 33511-6025	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 Section 607.0501 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: (Required if this is a change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, MARI T.	NAME	
STREET ADDRESS	901 OAK REGENCY LANE	STREET ADDRESS	
CITY ST ZIP	BRANDON FL	CITY ST ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ALBERT R.	NAME	
STREET ADDRESS	901 OAK REGENCY LANE	STREET ADDRESS	
CITY ST ZIP	BRANDON FL	CITY ST ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, CESAR H.	NAME	
STREET ADDRESS	2714 W. ROBSON	STREET ADDRESS	
CITY ST ZIP	TAMPA FL	CITY ST ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, EVERTO S.	NAME	
STREET ADDRESS	6801 N. LOIS	STREET ADDRESS	
CITY ST ZIP	TAMPA FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is accurate and that this corporation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Mari T. Fernandez 04-29-95 (813)681-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284848 CP