## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$48674

(3)

SKYCASTLES, INC.

## **FILED** Jun 06 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address										
801 OAK REGENCY LANE Brandon FL 33511-6025		901 OAK REGENCY LANE BRANDON FL 33511-6025								
US	33311-0023	US US								
1						3. Date Incorporated or Qualified		e of Last F	Report	
8 Delmain of D	loop of Duvis	On Maillian Addison				04/26/1991	U4/2	23/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-3063127			oplied For		
Suite Apt # obs		Suite, Apt. #, etc.						ot Applicable		
Sulte, Apt. #, etc.		27		6. Certificate of Status Desired Section Fee Requ						
City & State		City & State		6. Election Campaign Financing \$5.00 May B			May Be			
23		28	<del> </del>			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation has fiability for in			. 199.032,	
24	25	29	30	·			Yes 🔀			
	9. Name and Address of Curren	it Registered Agent		04		10. Name and Address of New Reg	istered A	gent		
	NANDEZ, MARI T.		Į	81	Name					
	OAK REGENCY LANE		ļ	62	Street Add	ress (P.O. Box Number is Not Acceptab	e)			
BRANDON FL 33511-6025				83	-		<del></del>			
			L		<u>.</u>					
			ŀ	84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the at	oove	-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of	changing i	ls registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Stati	utes.	the corporat	tion's board of directors. Thereby accep	ств аррс	munent as	registereu	
SIGNATURE	Signature, typed or printed name of registered age	tol and title if annicable /NOTA	- Pagistered	LAnor	at cionaturo requi	red when reinstating)	DATE			
12.	OFFICERS AN		13.	rigo	it and service respons	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 117	LE				Change	Addition	
NAME	F <b>ER</b> NANDEZ, MARI T.		1.2 NA	ME						
STREET ADDRESS	901 OAK REGENCY LANE		1.3 ST	REET /	ADDRESS					
CITY-ST-ZIP	BRANDON FL		1.4 CIT	IY-ST	r-ZIP					
TITLE	SD .	DELETE	2.1 7(1	ſŧ				Change	Addition	
NAME	FERNANDEZ, ALBERT R.		2.2 NA	ME	-					
STREET ADDRESS	901 OAK REGENCY LANE		2.3 STI	REET A	ADDRESS					
CITY-ST-ZIP	BRANDON FL		2 4 C		T-ZiP			<del></del>		
TITLE	VD	☐ DELETE	3 1 TH				ļ	Change	Addition	
NAME	FERNANDEZ, CESAR H.		3.2 NA							
STREET ADORESS	2714 W. ROBSON				ADDRESS					
CITY-ST-ZIP	TAMPA FL	DELETE	3.4. CI		T-ZIP			Change	Addition	
TITLE NAME	td Gonzalez, everto s.	ן ענונונ ∟	4.1 TIT 4. 2 NA					Change	Addition	
	6801 N. LOIS				*000F22					
STREET ADDRESS CITY-ST-ZIP	TAMPA FL		4.4 C(T		ADDRESS					
TITLE	TEMI A 1 E	DELETE	5.1 TIT		-21			Change	Addition	
NAME			5.2 NA				•			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 C(T							
TITLE		DELETE	61717					Change	Addition	
NAME		-	6.2 NA	ME				-	ļ	
STREET ADORESS	~ · · · · · · · · · · · · · · · · · · ·				ADDRESS					
CITY-ST-ZIP	•		6 4 CIT		1					
44 1 3 4 1	The state of the s	-1 20 A) 2 600 A 1 C6	f Ale	<del>,</del>	11 1111	LI- DE 440 07/0V/V Floride Otations	17.0		41	

I do 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.