

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S60402** (2)
1. Corporation Name
SKN AIRE, INC.



Principal Place of Business
**2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062
US**

Mailing Address
**P O BOX 50363
LIGHTHOUSE POINT FL 33074**

3. Date Incorporated or Qualified **06/17/1991** 3a. Date of Last Report **01/17/1995**

4. FEI Number **65-0277689** 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 intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**KOWALSKI, STANLEY C.
2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
PD	KOWALSKI, STANLEY	2213 E. ATLANTIC BLVD.	POMPANO BEACH FL	
ST	KOWALSKI, STANLEY	2213 E. ATLANTIC BLVD.	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP	
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-ST-ZIP	
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 recorder 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: Stanley C. Kowalski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 954-784-8690
Date of Filing

CR2E034 (12/95)