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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S66053

(7)

1. Corporation Name
HOLLAND SKY SUPPLIES, INC.



Principal Place of Business: 1858 RINGLING BLVD. SARASOTA FL 34236
Mailing Address: 1858 RINGLING BLVD. SARASOTA FL 34236-5917

3. Date Incorporated or Qualified 07/15/1991	3a. Date of Last Report 02/06/1996
4. FEI Number 65-0279432	Applied For Not Applicable
6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
PATTERSON, JOHN
46 N. WASHINGTON BLVD.
#1
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name: RENE M. GLENDINNING
82 Street Address (P.O. Box Number is Not Acceptable): 1858 RINGLING BLVD.
83
84 City: SARASOTA FL 85 34236

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: Renea M. Glendinning DATE: 1/8/97
Signature typed or printed name of registered agent and officer, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	SCHOLS, THEO L.	
STREET ADDRESS	46 N. WASHINGTON BLVD.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/>
NAME	KREUK, BERT	
STREET ADDRESS	45 N. WASHINGTON BLVD.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	GEBHARD, DIETER H.	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	S, T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	GLENDINNING, RENE M.		
3.3 STREET ADDRESS	1858 RINGLING BLVD.		
3.4 CITY - ST - ZIP	SARASOTA, FL 34236		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. 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.

SIGNATURE: Renea M. Glendinning DATE: 1/30/97 PHONE: (941) 365-4617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)