

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S70830 (2)**

1. Corporation Name  
**SKY INTERNATIONAL TRAVEL PROMOTIONS, INC.**



Principal Place of Business: P.O. BOX 2237, LARGO FL 34649 US  
Mailing Address: P.O. BOX 2237, LARGO FL 34649 US

3. Date Incorporated or Qualified: **07/22/1991**  
3a. Date of Last Report: **08/14/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3079695</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip		Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24		29		6.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCCAUGHNA, JOHN</b> <b>8263 - 132 ST. NO.</b> <b>SEMINOLE FL 34646</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCCAUGHNA, JOHN		1.2 NAME				
STREET ADDRESS	8263 - 132 ST. NO.		1.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCCAUGHNA, CHRIS		2.2 NAME				
STREET ADDRESS	2743 34TH AVENUE, NORTH		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCCAUGHNA, ERIC		3.2 NAME				
STREET ADDRESS	8263 132 ST N		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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: CHRIS MCCAUGHNA Date: 4/10/00 (813) 319-200

CR2E034 (12/95)