

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

FILED  
Apr 11 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 # S82414 (1)  
1. Corporation Name  
SK - TORS, INC.



Principal Place of Business  
23267 LA VIDA WAY  
BOCA RATON FL 33433

Mailing Address  
23267 LA VIDA WAY  
BOCA RATON FL 33433-7226

3. Date Incorporated or Qualified  
09/23/1991

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0284370

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 7979 EASTLAKE DR.  
Suite, Apt. #, etc.  
22 #3B  
City & State  
23 BOCA RATON, FL.  
Zip  
24 33433 Country  
25 USA

2a. Mailing Address  
26 7979 EASTLAKE DR.  
Suite, Apt. #, etc.  
27 #3B  
City & State  
28 BOCA RATON, FL.  
Zip  
29 33433 Country  
30 USA

9. Name and Address of Current Registered Agent

KINLAW, STEPHEN T.  
23267 LA VIDA WAY  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7979 EASTLAKE DR.  
83 #3B  
84 City  
BOCA RATON FL 85 Zip Code  
33433

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	KINLAW, STEPHEN T.	23267 LA VIDA WAY	BOCA RATON FL	<input type="checkbox"/>
D	KINLAW, BRENDA J.	23267 LA VIDA WAY	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
1.1	7979 EASTLAKE DR.	7979 EASTLAKE DR.	BOCA RATON, FL. 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2				
1.3				
1.4				
2.1				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2				
2.3				
2.4				
3.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2				
3.3				
3.4				
4.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2				
4.3				
4.4				
5.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2				
5.3				
5.4				
6.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2				
6.3				
6.4				

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: *Stephen T. Kinlaw* / STEPHEN T. KINLAW 4/4/97 (561) 477-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0318143

CR2E034 (9/96)