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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 19, 1999 8:00 am Secretary of State Katherine Harris 02-19-1999 90098 006 \*\*\*150.00

					I .
DOCUMENT # S86161					
1	SKY & SCHERTZ REALTY, IN				
IAIUEU	ONT & SCHENIZ HEALIY, IN	U.			
	•				
Principal Pl	ace of Business	Mailing Address			
1200 AL ELODIDA MANICO DO			nn		And the state of t
SUITE 15					
WEST PALM	BEACH FL 33409	WEST PALM BEACH FL 3:	3409		DO NOT WRITE IN THIS SPACE
Ì					Date Incorporated or Qualifed
2. Principal	Place of Business	2a. Mailing Address			10/09/1991
21		26			4. FEI Number Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			65-0291675 Not Applicable
22		27			5. Certificate of Status Desired  \$8.75 Additional
<u> </u>	City & State City & State				6. Election Campaign Financing 55.00 May 89
Zip	7:		<u> </u>		6. Election Campaign Financing St.00 May Be Trust Fund Contribution Added to Fees
24	Country	Zip	Country	· ·	8. This corporation owes the current year Intangible
	25 9. Name and Address of Curren	29	30		Personal Property Tax. Yes No
	U. Hamballa Address of Curren	registerea Agent	81	Nome	10. Name and Address of New Registered Agent
	Lasky, stephen p.		61	Name	,
1300 N FLORIDA MANGO RD			82	Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE 15			83		
WE	ST PALM BEACH FL 33409				
			84	City	FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	-named corp	
agent. I	am familiar with, and accept the obligati	ੀ Florida. Such change was au ons of, Section 607,0505, Flor	uthorized by trida Statutes	he corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent		Registered Agent	signature require	ed when reinstating) DATE
TITLE	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	MALASKY, STEPHEN P.	CJ DCCE IE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	1		1.2 NAME		,
CITY-ST-ZIP	WEST PALM BEACH FL		1.3 STREET ADDRESS		
TITLE	VD	☐ DELETE	2.1 TITLE		Elia Elia
NAME	MALASKY, BRUCE A.		2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1300 N FLA MANGO RD #15		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-ST-		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		, and the second of the second
STREET ADDRESS			3.3 STREET A	DDRESS	
CITY-ST-ZIP TITLE			3.4, CITY-ST-	ZIP	
NAME		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET AL	-	
TITLE		☐ DELETE	4.4 CITY-ST-Z 5.1 TITLE	IP	
NAME			5.1 IIILE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET AL	DRESS	
CITY-ST-ZIP			5.4 CiTY-ST-Z		
TILE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
IAME			6.2 NAME		☐ Change ☐ Addition /
STREET ADDRESS			6.3 STREET AD	DRESS	
CITY-ST-ZIP	_	İ	64 CITY-ST-ZI	D .	

ST-ZIP

I 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 empoyed 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, with all other like empowered.

SIGNATURE:

471-8600