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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V29187

(4)

DOCUM 1. Corporation to SKYVIII		187	(4)							
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Principal Place o	of Business	Ma	aling Address					âili feat aia		. 0:811 0:011 :00
IQI Q. GIBRIQE MENGE			501 N. MAGNOLIA AV	/ENUE						
ORLANDO F	L 32801		#500 Orlando fl 32801							
						3. Date incorporated or Qualified 04/13/1992	3a . Da	ate of Last Re 03/13/19		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			pplied For	
1		26	Cuito Ant et ola				59-3119046			lot Applicable Additional
Surte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			lequired
27 Ony & State			City & State				6. Flection Campaign Financing		\$5.00	May Be
13		28					Trust Fund Contribution			to Fees
Zφ	Country		Ζφ	Cour	ntry		8. This corporation has liability to Florida Statutes	r intangible s □No	tax under s	199.032,
4	25 g. Name and Address of Cur	29	torod Agent	[30]			10. Name and Address of New	_	d Agent	
	9. Name and Address of Cul	rient negis	itered Agent		81	Name	10.		<u>-</u>	
STEWART, JEFFREY					82	Street Add	ress (P.O. Box Number is Not Acceptable)			
501 N. MAGNOLIA AVENUE					83					
SUITE 500						···-			or Zir	Code
ORLANDO FL 32801					the above named corporation's had			F	L 85 Zip	Code
SIGNATURE .	Secretary, adampment insure at regelesist	S 72W) Specient from AND DIREC	aptaro Ps	ESI Q (TE Hopobiest 13.			ed where the holds of the ADDITIONS/CHANGES TO O	96 C DATE		RS IN 12
12.	PTS				1. 1 TIT.E				☐ Change	roilibbA 🔲
NAME	STEWART, JEFFREY			1 2 N	ME					
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NAME				621	IAME					
				63.9	TREE	L ADDRESS				
STREET ADDRESS										

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 13 if changed, or on an attention with an aridress.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR SIGNATURE AND TYPE