FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V54547** **(7)**

1. Corporate Name
BIG SKY LAKE CORPORATION

Principal Place of Business	Mailing Address
2155 N 184TH AVE PEMBROKE PINES FL 33029	2155 N 184TH AVE PEMBROKE PINES FL 33029-3855 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/31/1992	02/15/1994

2. Principal Place of Business (21) — 2a. Mailing Address (26)

4. FEI Number: 65-0353686 — ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. (22) (27)

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)

8. Does the corporation owe any Florida documentary stamp tax under S. 201.02? Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NESS, FRANK E. 2155 N 184TH AVE PEMBROKE PINES FL 33029	81 Name: Ness, Frank E. 82 Street Address (P.O. Box Number is Not Acceptable): 4840 SW 70 Terr. 83 84 City: Davie FL 85 Zip Code: 33314

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 _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME BERGERON, RONALD M SR STREET ADDRESS 2155 N 184TH AVE CITY ST ZIP PEMBROKE PINES FL	11 TITLE D ☒ Change ☐ Addition 12 NAME Bergeron Ronald M. Sr. 13 STREET ADDRESS 21111 SW 16 St. 14 CITY ST ZIP Ft.Laud, FL 33326
TITLE D NAME BERGERON, RONALD M JR STREET ADDRESS 2155 N 184TH AVE CITY ST ZIP PEMBROKE PINES FL	21 TITLE D ☒ Change ☐ Addition 22 NAME Bergeron, Ronald M Jr 23 STREET ADDRESS 5801 SW 195 Terr. 24 CITY ST ZIP Ft. Laud. FL 33332
TITLE D NAME BERGERON, LONNIE N STREET ADDRESS 2155 N 184TH AVE CITY ST ZIP PEMBROKE PINES FL	31 TITLE D ☒ Change ☐ Addition 32 NAME Bergeron Lonnie N 33 STREET ADDRESS 20400 SW 51 St. 34 CITY ST ZIP Ft. Laud. FL 33332
TITLE D NAME BERGERON, LONNIE T STREET ADDRESS 2155 N 184TH AVE CITY ST ZIP PEMBROKE PINES FL	41 TITLE D ☒ Change ☐ Addition 42 NAME Bergeron Lonnie T 43 STREET ADDRESS 4839 SW 148 Ave. #503 44 CITY ST ZIP Ft. Laud. FL 33331
TITLE D NAME NESS, FRANK E STREET ADDRESS 2155 N 184TH AVE CITY ST ZIP PEMBROKE PINES FL	51 TITLE D ☐ Change ☒ Addition 52 NAME Ness, Frank E. 53 STREET ADDRESS 4840 SW 70 Terr. 54 CITY ST ZIP Davie, FL 33314
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 changed, added or deleted with an address.

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0423470 FP