Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90005 047 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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SOLOR (CORP.								
Principal Place	of Business	Mailing Addr	ess			I legispit at a give to a sive			
6100 NW 2ND A	AVENUE #321	6100 NW 2ND	AVENUE #32	21		•			
C/O S. ROSENI		C/O S. ROSE	ENFELD			DO NOT WE	ITE IN THIS SPACE	Ē	
BOCA RATON F		BOCA RATON	N FL 33487			3. Date Incorporated or Qualifect		-	
US		US				04/24/1990			
		A Mailine A	Adross			4. FEI Number		Applie	ed For .
	ace of Business	2a. Mailing A	Address			65-0190804			pplicable
21		Suite, Ar	t # etc				\$8.	75 Add	litional
Suite, Apt. i	#, etc.	<u> </u>)L. #, C(C.			5. Certifcate of Status Desired	□ 1 5.	ee Requ	ired
22		27 City & S	tate			6. Election Campaign Financing	\$5	.00 ма	ay Be
City & State	3	28				Trust Fund Contribution		ided to F	
Zip	Country	Zip		Count		8. This corporation owes the cu	rrent year Intangible		
	25	29	[5	30		Personal Property Tax.	Ye	s <u>X</u>	No
24	9 Name and Address of Curre		_ — — —			10. Name and Address of New	Registered Agent		
				8	1 Name	,			
ROS	ENFELD, SOLOMON			-	2 Street	Address (P.O. Box Number is Not Accep	table)		
	NW 2ND AVENUE, #321			ļ	Direct	Addition (1.10. Dox (1.10.	<u> </u>		
BOC	A RATON 33487			8	3				
				-	4 City		85	Zip Co	de
				ļ			FL	•	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statute	s, the abo	ve-named	corporation submits this statement for the	e purpose of chang	ing its re	gistered
	egistered agent, or both, in the State m familiar with, and accept the oblig					oration's board of directors. I hereby acc	ebraic appoinment	au /09.4	
			DU1.UUUU. FIUII	ida Statuti	es.				
_		210113 01, 00011011	607.0303, FION	ida Statuti	es.		<u> </u>		
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_	Signature, typed or printed name of registered ag	pent and title if applicable.	(NOTE: I	Registered A	gent signature	required when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIR		S IN 12
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14. 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 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, with all other like empowered.

SIGNATURE:

561-241-8037