

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90134 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000054659

1. Corporation Name
SR SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2600 CAMBRIDGE DRIVE
 SARASOTA FL 34232

Mailing Address
 2600 CAMBRIDGE DRIVE
 SARASOTA FL 34232

3. Date Incorporated or Qualified

07/25/1994

2. Principal Place of Business

2a. Mailing Address

21 6241 Donnington Court

26 6241 Donnington Court

4. FEI Number
 65-0509163

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Sarasota, FL

28 Sarasota, FL

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

24 34238 25 USA

29 34238 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STICH, SHERRY L
 2600 CAMBRIDGE DRIVE
 SARASOTA FL 34232

81 Name
 Sherry L. Stich
 82 Street Address (P.O. Box Number is Not Acceptable)
 6241 Donnington Court
 83
 84 City Sarasota FL 85 Zip Code 34238

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTS DELETE
 NAME SHERRY L STICH
 STREET ADDRESS 2600 CAMBRIDGE DR
 CITY-ST-ZIP SARASOTA FL 34232

1.1 TITLE VTS Change Addition
 1.2 NAME Sherry L. Stich
 1.3 STREET ADDRESS 2600 Cambridge Drive
 1.4 CITY-ST-ZIP Sarasota, FL 34238

TITLE P DELETE
 NAME STICH, RANDY T.
 STREET ADDRESS 2600 CAMBRIDGE DR
 CITY-ST-ZIP SARASOTA FL 34232

2.1 TITLE P Change Addition
 2.2 NAME Randy T. Stich
 2.3 STREET ADDRESS 2600 Cambridge Drive
 2.4 CITY-ST-ZIP Sarasota, FL 34238

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-30 941-927-1333
 Date Daytime Phone #

CR2E034 (11/98)