

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **347066** (3)  
1. Corporation Name  
**SOLOMON ENTERPRISES, INC.**



Principal Place of Business <b>14451 W. COLONIAL DRIVE WINTER GARDENS FL 34787-1251 US</b>	Mailing Address <b>P.O. BOX 771251 NA WINTER GARDENS FL 34777-1251 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/29/1969</b>	
21 Suite, Apt. #, etc.	22 City & State	26 <b>14451 W. Colonial Dr</b>	27 <b>Winter Garden</b>	4. FEI Number <b>59-1263086</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 <b>34787</b>	29 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SOLOMON, DAVID LEE 1240 S VINELAND AVE APT P-1 WINTER GARDEN FL 34787</b>		10. Name and Address of New Registered Agent	
81 Name <b>David Lee Solomon</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>10870 Lantana Crest</b>	
83		84 City <b>Clermont</b>	
85		86 Zip Code <b>FL 34711</b>	

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 *Susan Solomon* x *David Lee Solomon*  
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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOLOMON, DAVID LEE</b>		1.2 NAME <b>David Lee Solomon</b>	
STREET ADDRESS <b>10970 LANTANA CREST</b>		1.3 STREET ADDRESS <b>10870 Lantana Crest</b>	
CITY-ST-ZIP <b>CLERMONT FL</b>		1.4 CITY-ST-ZIP <b>Clermont, FL 34711</b>	
TITLE <b>VST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOLOMON, SUSAN</b>		2.2 NAME	
STREET ADDRESS <b>1309 VIC-KAY CT.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER GARDEN FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Susan Solomon* *David Lee Solomon* 1998 407-456-4223

CR2E034 (10/97)