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

DOCUMENT # 532634

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90072 004 ***150.00

1. Corporation	, and the second se							
STANLEY	y J. Solomon, P.A.							
	सर बढ़ा के हिन्दूरी क्रिके					†		
	1							
Principal Place of Business Mailing Address						I (BAIR) Gilda libin giran urin aran aran a	1831 BISH BIBN BI)
3511 S. PENINSULA DR 3511 S. PENINSULA DRIVE								
DAYTONA BEACH FL 32127 DAYTONA BEACH FL 32127							00405	
US US						DO NOT WRITE IN THIS SPACE		
	- क्रिक - क्रिक					3. Date Incorporated or Qualifed		
	#*					05/01/1977	1 .	
2. Principal P	Place of Business	2a. Mailing Ad	ldress			4. FEI Number	<u> </u>	lied For
21		26				59-1738064		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	- \$8.75 A	1
City & State City & State						6. Election Campaign Financing	\$5.00 1	May Be
23 28						Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year In		_
24	25	29	30			Personal Property Tax.	 .	□No
	9. Name and Address of Curi	rent Registered Ager	nt			10. Name and Address of New Registered	Agent	
				81	Name			
SOLOMON, STANLEY J 3511 S. PENINSULA DRIVE DAYTONA BEACH FL 32127				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
				83				1.
				84	City	EI.	85 Zip C	ode
						L	shanaina ita	ragistored
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such chi igations of, Section 60	ange was autho 07.0505, Florida	rized by Statutes	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as reg	istered ;
SIGNATURE			WOTE S-		t alamatura cagu	ired when reinstating) DATE		
	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Keg	13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	P		DELETE	1.1 TITLE	-	7,051710707111110	Change	Addition
TITLE	SOLOMON, STANLEY J.	_		1.2 NAME				
NAME	40 MILLAGE DEBUT				ADDRESS			
STREET ADDRESS]			
CITY-ST-ZIP	ORMOND BEACH FL		DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		Change	[] Addition
TITLE			Decere				_ ,	_
NAME	ľ			2.2 NAME			*	
STREET ADDRESS	6			2.3 STREE				
CITY-ST-ZIP			1 DELETE	2.4 CITY-5	T-ZIP		Change	Addition
TITLÉ] DELETE	3.1 TITLE				
NAME				3.2 NAME				
STREET ADDRESS	5				TADORESS	and the second s		
CITY-ST-ZIP			3 ·	3.4. CITY-5	T-ZIP		Change	Addition
TITLE		L.	DELETE	4.1 TITLE			(T) Cylan ge	, LI Addition
NAME				4.2 NAME				.
STREET ADDRESS	5			4.3 STREE	ADDRESS			
CITY-ST-ZIP		<u></u>		4.4 CITY-S	T-ZIP		Chance	
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME	, .	The second secon	4 a ng	
STREET ADDRESS	s			5.3 STREE	TADDRESS		•	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	e e la	<u> </u>	
TITLE		. [DELETE	6.1 TITLE		الم الوالد والمسابق في الدار الدار الدار الم الم الم الم	☐ Change	☐ Addition
NAME				6.2 NAME				J
.wwii				63 STREE	T ADDRESS			[
STREET ADDRESS	اه		-	0.0 0 11400				

14. 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 or ar attachment with an address, with all other like empowered.

SIGNATURE;

SPEQUIRED F SIGNING OFFICER OR DIRECTOR

1/24/99 964

904-761-573

NZEU34 (11/30)