**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **540288** **(8)**

1. Corporation Name

**A UNITED SOLAR INDUSTRIES, INC.**

Principal Place of Business

**4211 N SR 7-(441)**
**HOLLYWOOD FL 33021**

Mailing Address

**4211 N SR 7-(441)**
**HOLLYWOOD FL 33021**

2. Principal Place of Business
21
Suite Apt #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **06/02/1977**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-1776660** Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KENNY, MICHAEL P**
**10085 SW 57 COURT**
**COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, 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

| | |
|---|---|
| TITLE | PD |
| NAME | KENNY, MICHAEL P |
| STREET ADDRESS | 10085 SW 57 COURT |
| CITY-ST-ZIP | COOPER CITY FL |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1-1 TITLE | ☐ Change ☐ Addition |
| 1-2 NAME | |
| 1-3 STREET ADDRESS | |
| 1-4 CITY-ST-ZIP | |
| 2-1 TITLE | ☐ Change ☐ Addition |
| 2-2 NAME | |
| 2-3 STREET ADDRESS | |
| 2-4 CITY-ST-ZIP | |
| 3-1 TITLE | ☐ Change ☐ Addition |
| 3-2 NAME | |
| 3-3 STREET ADDRESS | |
| 3-4 CITY-ST-ZIP | |
| 4-1 TITLE | ☐ Change ☐ Addition |
| 4-2 NAME | |
| 4-3 STREET ADDRESS | |
| 4-4 CITY-ST-ZIP | |
| 5-1 TITLE | ☐ Change ☐ Addition |
| 5-2 NAME | |
| 5-3 STREET ADDRESS | |
| 5-4 CITY-ST-ZIP | |
| 6-1 TITLE | ☐ Change ☐ Addition |
| 6-2 NAME | |
| 6-3 STREET ADDRESS | |
| 6-4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied within this report, when signed, is true and does not omit, or for the exception stated in Section 119.07(3)(n), Florida Statutes, I further certify that the information indicated on this report or supplemental attachment 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 of this report or on any attached supplemental statement.

**SIGNATURE:** 4/27/96 (954)987-6067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone Number

CR2E034 (12/95)