

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **554867** (2)

95 MAY 11 AM 10:45

SOLAR HEATING OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4970 SW 72 AVE. MIAMI FL 33155
SUITE 100
4970 SW 72 AVE. MIAMI FL 33155
SUITE 100

DO NOT WRITE IN THIS SPACE

2. Principal Office Name	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/04/1977	08/02/1994
22	27	4. FEI Number	Applied For
23	28	59-1774278	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for obligations by order of 1993 (CP Florida Statute)	
ZEIGER, MITCHELL S. 4627 PONCE DE LEON BLVD CORAL GABLES FL 33146		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ZEIGER, MITCHELL S. 4627 PONCE DE LEON BLVD CORAL GABLES FL 33146		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83. City		
		84. State	FL	85. Zip

11. I, the undersigned, the president of the corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been approved by the board of directors of the corporation.

SUBSCRIBER: PD KHONSARY, ABBASS
601 ALHAMBRA CIR.
CORAL GABLES FL

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD KHONSARY, ABBASS 601 ALHAMBRA CIR. CORAL GABLES FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST KHONSARY, DOROTHY H. 601 ALHAMBRA CIR. CORAL GABLES FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(1)(b), Florida Statute. I further certify that the information supplied on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That any application or check for the corporation or the receiver or trustee empowered to receive the report as required by Chapter 607, Florida Statute, and that my name appears on the back of the report or on an affidavit with an addendum.

SIGNATURE: *Abbass Khonsary*
ABBASS KHONSARY

5/14/95