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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SOLAIR, INC.

661082

(8)

**FILED** May 01 1996 8:00 am Secretary of State


Principal Place of Business Mailing Address					E PORTIA BILLIO DETAI CONTRA FINAL DIGITAL PROTECTION DI CONTRA PIÈ DI PIÈ DI CONTRA PIÈ DI CONTRA PIÈ DI CONTRA P				
300 WEST SERVICE ROAD WASHINGTON DC 20041-2260 US			POST OFFICE BOX 20260 WASHINGTON DC 20041-2260 US						
03			00				3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1995		
2. Principal Pla	ce of Business		Mailing Address				4. FEI Number Applied For 59-2344025 Not Applieable		
21 Suite Act #	nte.	26	Suite, Apt. #, etc.			59°2344025   Not Applicable   S8.75 Additional			
Suite, Apt. #, etc.		27	Stite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
<b>23</b> Zip	Country	28	Zφ	T Cou	ntn/		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032,		
24	25	29	2φ	Country 30			Florida Statutes		
24	9. Name and Address of Curren		stered Agent	1301			10. Name and Address of New Registered Agent		
					81	Name	.,,,,		
CT COR	PORATION SYSTEM				82	Street	t Address (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324					83				
PLANIA	HUN FL 33324				63				
					84	City	FL 85 Zip Code		
or registere familiar with SIGNATURE	ad agent, or both, in the State of Floric n, and accept the obligations of, Secti Signature, typed or privided name of registered agent	da Suclion 607.	h change was authorize .0505, Florida Statutes. applicable (NOT	d by the o	corp	oration's	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am  required when rehistating:  DATE.		
12.	OFFICERS AND	DIFIE (		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD PIAL LEO		DELFTE	1, 1 7			Change Addition		
NAME	BIAL, LEO 3380 S.W. ELEVENTH AVE.			12 N			Daggett, Timothy C		
STREET ADDRESS	FT. LAUDERDALE FL.					ADDRESS			
CITY-ST-ZIP	VD VD		□ DELETE			11 - ZIP	Change Addition		
TITLE	PERSAVICH, WARREN		L'I precue	2 1 1			A Change I Number		
NAME CYCLEY ADDRESS	AND WEST SERVICIE OAD				2.2 NAME 2.3 STREET ADDRESS 300		DO WEST SERVICE ROAD		
STREET ADDRESS	WASHINGTON DC					AUUMESS ST-ZIP	Dec med of the second		
CITY-ST-ZIP TITLE	VS		[ ] DELETE	3.11		ol - Zur	Change Addition		
NAME	JURIS, EUGENE W.			3.2 N					
STREET ADDRESS 300 WEST SEVICE ROAD			3.3. STREET ADDRESS 300		LADORESS	300 WIST SERVITE ROAD			
CITY-ST-ZIP	WACHINOTON DO			3.4 CITY - ST - ZIP					
TITLE			DELETE	4.11			☐ Change 🔀 Addition		
NAME				4.2 N	AME		BIALILEO		
STREET ADDRESS				435	TREET	ADDRESS	3380 SOUTHWEST II th AUE		
CITY-ST-ZIP				440	HY - 5	ST-ZIP	FORT LAUDERDALE, FL 33315		
TITLE			DELETE	5 1 1	ITLE		☐ Change ☐ Addition		
NAME				5.2 N	AME				
STREET ADDRESS				5.3 S	TREET	ADDRESS	;		
CITY-ST-ZIP			,	5.4 C	<u> 114-</u> 5	ST-ZIP			
TITLE			☐ DELETE	6 1 1	IILE		Change Addition		
NAME				62N			100001840541		
STREET ADDRESS				6.3 S	TREET	I ADDRESS	100001840541 -05/28/9601028023 ***600.00		
CITY ST-ZIP	Add the life water and the		o filipa ia valuntado de esta	640	ηγ-9	ST - ZIP	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		
i ia, ido nereb	y ceruity triat the information supplied :	with till	s norig is voluntarily fulfi	เราเซน ฮาเว	UO6	ા મળા વૃધ	рантунун инстрации замен на осоност стали додку, глония омищес. Пилитея		

riou insigny certify that the information supplied with this timing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(5)(k), Florida Statutes. 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 roceiver 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:

4/30/96 7034785908