

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 661082 (8)
1. Corporation Name
SOLAIR, INC.

Principal Place of Business
300 WEST SERVICE ROAD
WASHINGTON DC 20041-2260
US

Mailing Address
POST OFFICE BOX 20260
WASHINGTON DC 20041-2260
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 45025 Aviation Dr. Suite, Apt. #, etc. 22 Suite 300 City & State 23 Dulles, VA Zip 24 20166-7556		2a. Mailing Address 26 45025 Aviation Dr. Suite, Apt. #, etc. 27 Suite 300 City & State 28 Dulles, VA Zip 29 20166-7556		3. Date Incorporated or Qualified 03/07/1980	
		4. FEI Number 59-2344025		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGGETT, TIMOTHY C.	1.2 NAME	
STREET ADDRESS	3380 S.W. ELEVENTH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIAL, ROBERT	2.2 NAME	
STREET ADDRESS	3380 S.W. ELEVENTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	2.4 CITY-ST-ZIP	
TITLE	VDF	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN, DAVID	3.2 NAME	
STREET ADDRESS	3380 S.W. ELEVENTH AVENUE	3.3 STREET ADDRESS	800002547608
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	3.4 CITY-ST-ZIP	-06/04/98--01033--047
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAVICH, WARREN	4.2 NAME	
STREET ADDRESS	300 WEST SERVICE ROAD	4.3 STREET ADDRESS	45025 Aviation Dr., Suite 300
CITY-ST-ZIP	WASHINGTON DC 20041-2260	4.4 CITY-ST-ZIP	Dulles, VA 20166-7556
TITLE	VDS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURIS, EUGENE	5.2 NAME	
STREET ADDRESS	300 WEST SERVICE ROAD	5.3 STREET ADDRESS	45025 Aviation Dr., Suite 300
CITY-ST-ZIP	WASHINGTON DC 20041-2260	5.4 CITY-ST-ZIP	Dulles, VA 20166-7556
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGH, BRADLEY T	6.2 NAME	
STREET ADDRESS	300 WEST SERVICE ROAD	6.3 STREET ADDRESS	45025 Aviation Dr., Suite 300
CITY-ST-ZIP	WASHINGTON DC 20041-2260	6.4 CITY-ST-ZIP	Dulles, VA 20166-7556

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:

Warren Persavich 41-098 703-478-5908

CR2E034 (10/97)