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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

13656 NO. 12TH STREET

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

**TAMPA FL 33613** 

21

22

23

24

Zıp

F78472

Country

g. Name and Address of Current Registered Agent

25

MIKLINSKI, ANTHONY 13656 N. 12TH STREET

**TAMPA FL 33613** 

(0)

Mailing Address

**TAMPA FL 33613** 

2a. Mailing Address

City & State

27

28

29

Suite, Apt. #, etc.

13656 NO. 12TH STREET

GULF SOLAR, INC.

FILED				
Apr 17	1998	8:00am		
Secre	tary o	f State		

DO NOT WRITE IN THIS SPACE				
	3. Date Incorporated or Qualified			
	05/03/1982			
	4. FEI Number		Applied For	
	59-2192656		Not Applicable	
	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
	This corporation owes or has particular personal Property Tax due June		urrent year Intangible	
	10 Name and Address of New Re	alstere	1 Agent	

Street Address (P.O. Box Number is Not Acceptable)

n inakkan niin jarak arikk anani naara kini anan anan ahari akkij aran akan inan

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.

Country

81 Name

82

83

City

SIGNATURE Signature, typed or printed hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THILE DELETE 1.1 TITLE ☐ Change Addition NAME MIKLINSKI, ANTHONY R 1.2 NAME 13656 N 12 ST STREET ADDRESS 1.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAMI 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TIRE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 frustee 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

CR2E034 (10/97)

Qamish/