

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 18 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G10895 (2)

1. Corporation Name
SOLO SERVICE STATIONS, INC.



Principal Place of Business P O BOX 2404 MELBOURNE FL 32902 US	Mailing Address P O BOX 2404 MELBOURNE FL 32902 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SUITE 621 Suite, Apt. #, etc. 22 2105 ATLANTIC ST. City & State 23 MELBOURNE BCH, FL Zip 24 32951 Country 25 BREVARD	2a. Mailing Address 26 SUITE 621 Suite, Apt. #, etc. 27 2105 ATLANTIC ST. City & State 28 MELBOURNE BCH, FL Zip 29 32951 Country 30 BREVARD	3. Date Incorporated or Qualified 11/19/1982	3a. Date of Last Report 06/05/1996
		4. FEI Number 59-2233478	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent DELLINGER, LEROY K. 2105 ATLANTIC ST. #621 MELBOURNE BEACH FL 32951	10. Name and Address of New Registered Agent 81 Name DONNA DELLINGER 82 Street Address (P.O. Box Number is Not Acceptable) 2105 ATLANTIC ST. SUITE 621 83 2105 ATLANTIC ST 84 City MELBOURNE BCH, FL 85 Zip Code 32951
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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 *Donna Dellinger* **DONNA DELLINGER** 8/12/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELLINGER, LEROY K		1.2 NAME DONNA DELLINGER	
STREET ADDRESS 132A		1.3 STREET ADDRESS 2105 ATLANTIC ST STE 621	
CITY-ST-ZIP MELBOURNE BEACH FL		1.4 CITY-ST-ZIP MELBOURNE BCH, FL 32951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Donna Dellinger* **DONNA DELLINGER** 8/12/97 407 094 0510

CR2E034 (4/97)