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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

| Corporation Name SOLARAY SYSTEMS, INC. Principal Place of Business Mailing Address Address | | | | | | | | |
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| 168 W. DEAR ENGLEWOOD | | 168 W. DEARBORN ENGLEWOOD FL 34 | | | | | | |
| U\$ | | | | | Date Incorporated or Qualific | ed 3a , D | Date of Last Re | enort |
| | | | | | 06/30/1983 | | 01/13/19 | |
| Principal Pla | ce of Business | 2a. Mailing Address | | | 4. FEI Number 59-2296775 | | ├ | Applied For |
| Suite, Apt. # | . etc. | Suite, Apt. #, etc. | | | | | | Not Applicab Additional |
| | | 27 | | | 5. Certificate of Status Desired | | | Required |
| Oity & State | | City & State | | | Election Campaign Financin Trust Fund Contribution | 9 🗆 | | May Be |
| Z _(p) | Country | 28 Z(r) | Country | | 8. This corporation has liability | | | 199.032 |
| | 25 | 29 | 30 | | 1 | Yes □No | | |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of Ne | w Register | ed Agent | |
| EIODE I | HANOV | | 81 | Name | | | | |
| FIORE, NANCY 334 PINE GLEN CT ENGLEWOOD FL 34223 | | | 82 | Street Address (P.O. Box Number is Not Accepta | | ptable) | DIe) | |
| | | | 83 | | | | | |
| | | | 84 | City | | | . 85 Zip | Code |
| <u>.</u> | | | | • | | | · L | |
| or registere familiar with | d agent, or both, in the State of Flor i, and accept the obligations of, Sec | rida. Such change was author ation 607.0505, Florida Statute | ized by the corpo | oration's boar | | appointment | as registered | agent. I an |
| or registere familiar with SNATURE | d agent, or both, in the State of Flor i, and accopt the obligations of, Soc it, active to that college backing | rida. Such change was author ation 607.0505, Florida Statute | Ites, the above-nized by the corporate. NOTE Registered Agent 13. | oration's boar | d of directors. I hereby accept the | appointment DATE | t as registered | agent. I am |
| or registere familiar with SNATURE | d agent, or both, in the State of Flor , and accopt the obligations of, Sec apadie: 1536 for pertending of rays bleed age OFFICERS AN VPD FIORE, NANCY | rida. Such change was author stion 607.0505, Florida Statute stand blist application (f ND DIRECTORS | ized by the corpo | oration's boar | d of directors. I hereby accept the | appointment DATE | i as registered | agent. I an |
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SIGNATURE: Cutton

Anthony Fiore Anthony Fiore

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