

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 # H25587 (7)

1. Corporation Name
SOL B. STISS, P.A.

Principal Place of Business
17193 NEWPORT CLUB DRIVE
~~400-02-2ND STREET~~
BOCA RATON FL 33496
US

Mailing Address
17193 NEWPORT CLUB DRIVE
~~100-02-2ND STREET~~
BOCA RATON FL 33490
US

FILED
98 JUN -5 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 17193 NEWPORT CLUB DR 26 17193 NEWPORT CLUB DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 BOCA RATON FL 28 BOCA RATON FL
Zip 24 33496 25 Palm Beach 29 33496 30 Palm Beach

3. Date Incorporated or Qualified
10/11/1984
4. FEI Number
59-2469533
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STISS, SOL B.
17193 NEWPORT CLUB DRIVE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400002553824--6
84 City
-06/03/98-01/24-002
****150.00 ****150.00

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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME STISS, SOL B.
STREET ADDRESS 17193 NEWPORT CLUB DRIVE
CITY-ST-ZIP BOCA RATON FL
TITLE S
NAME STISS, THERESE
STREET ADDRESS 17193 NEWPORT CLUB DRIVE
CITY-ST-ZIP BOCA RATON FL
TITLE Y
NAME STISS, SOL B.
STREET ADDRESS 17193 NEWPORT CLUB DRIVE
CITY-ST-ZIP BOCA RATON FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)