


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

FILED

Apr 28 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 # H75375 (6)

1. Corporation Name
SOLBY, INC.

Principal Place of Business 214 S. DILLARD ST. WINTER GARDEN FL 34787 US	Mailing Address 214 S. DILLARD ST. WINTER GARDEN FL 34787-3523 US
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2. Principal Place of Business 21 91 Broad St. Suite, Apt. #, etc. 22 n/a City & State 23 Winter Garden, FL Zip 24 34787		2a. Mailing Address 26 91 Broad St Suite, Apt. #, etc. 27 n/a City & State 28 Winter Garden, FL Zip 29 34787		3. Date Incorporated or Qualified 09/10/1985		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-2580480		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HARTSFIELD, WILLIAM 214 S. DILLARD ST. WINTER GRADEN FL 34787				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 91 Broad St.			
				83			
				84 City Winter Garden			
				85 Zip Code FL 34787			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE HARTSFIELD, WILLIAM N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 214 S. DILLARD ST.		1.2 NAME	
STREET ADDRESS WINTER GARDEN FL		1.3 STREET ADDRESS 91 Broad St.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE HARTSFIELD, CHRIS D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 214 S. DILLARD ST.		2.2 NAME	
STREET ADDRESS WINTER GARDEN FL		2.3 STREET ADDRESS 91 Broad St.	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE HARTSFIELD, JUDITH L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 214 S. DILLARD ST.		3.2 NAME	
STREET ADDRESS WINTER GARDEN FL		3.3 STREET ADDRESS 91 Broad St.	
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:  4-22-97 407-654-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)