

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995

FLA DEPT. OF STATE
DIVISION OF CORPORATIONS

305865

FILED

1995 JUN -8 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

305865
SOLON ENTERPRISES INC

Principal Place of Business

Mailing Address

One Lorcham
440 E. Sample Rd. Suite 209
Pompano Beach, FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. EIN Number

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This Corporation has liability for underpayment tax under S. 190 UT, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

One Lorcham
440 E. Sample Rd. Suite 209
Pompano Beach, FL 33064

01 Name

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

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1901, Florida Statutes, the above-named corporation submits this statement for the purpose of clearing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

01 P.D.

SOLON DIGALETO
370 PARK
GANNEX J 26 SEP
PO CANADA

1. NAME

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. NAME

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. NAME

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. NAME

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

REINSTATEMENT

94-95

6/12/95

100001513401

-06/15/95--01025--002

****200.00 ****200.00

☐ Change ☐ Addition

100001513401

-06/15/95--01025--003

****375.00 ****375.00

1. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, and that the corporation is in compliance with the provisions of Sections 607.0602 and 607.1901, Florida Statutes. I further certify that the information is not being furnished for the purpose of obtaining or attempting to obtain any benefit or advantage, and that my signature shall have the same legal effect as if it were made by the corporation. I am an officer or director of the corporation or the person or persons responsible for the preparation of this report as required by Chapter 607, Florida Statutes, and the filing name appears in Block 12 of this filing.

SIGNATURE:

SOLON DIGALETO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 305-701-4083
Toll Free 1-800-352-7083