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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		Secretary of State DIVISION OF CORPORATIONS					
DOCUN		K97534	(7)			-		
1. Corporation SOLO \	/IDEO, INC.							
Principal Place o	of Business		Mailing Address				OTOL ENDIS BIOLIS ALB	4) 01811 01911 01814 1881
% DAVID WEI 209 WIMBLED	ON LAKE DR		% David Weinberg 209 Wimbledon Lak					
PLANTATION	FL 33324		PLANTATION FL 3332	4		3. Date Incorporated or Qualified 06/22/1989	3a. Date of L 04/28	ast Report 8/1995
2. Principal Place	ce of Business	F	2a. Mailing Address			4. FEI Number 65-0131477		Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.	a partirities in the transfer of the		5. Certificate of Status Desired	□ <b>\$</b>	8.75 Additional Fee Required
City & State	The ball of the Control of the State of the		City & State			6. Election Campaign Financing	<u> </u>	\$5.00 May Be
<b>23</b> Zip	Col		Z(p)	Country		Trust Fund Contribution		Added to Fees
24 24				30	30 Florida Statutes 🗹 Yes 🗍 No			
	9. Name and Ac	Idress of Current Re	gistered Agent	81	Name	10. Name and Address of New F	egistered Age	nt
WEINBEF	RG, DAVID			82		ess (P.O. Box Number is Not Acceptab	ole)	
	BLEDON LAKE D	R		83	Otrober loan			
PLANIAI	TION FL 33324				0.1			- 1 7 Oada
				84			FL	5 Žip Code
or registere familiar with	ed agent, or both, in	the State of Florida. S	607.1508, Norida Statut such change was authoriz 67.0505, Florida Statutes	zed by the corp	named corpora oration's board	ation submits this statement for the pui d of directors. I heroby accept the app	pose of changir pintment as regi	stered agent. I am
	algrature, typed or printed r	arrie of registered agent and to		Of El Registered Age	r. Signaturo reguland	where states!  ADDITIONS/CHANGES TO OFF	DATE	DECTODO IN 10
12.	DP	OFFICERS AND DI	DELETE	13. 1. 1 TIILE		ADDITIONS/ORANGES TO OFF	CI	
NAME	WEINBERG, D			1.2 NAMÉ				
STREET ADDRESS City-St-Zip	209 WIMBLED PLANTATION I			1.3 STREET 1.4 C(TY - 5				
TITLE			☐ DELETE	2 1 TITLE			□ c	nange Addition
NAME				2 ? NAME				
STREET ADDRESS CITY-ST-ZIP				2.3 STREET 2.4 C(1) Y - 5				
TITLE			☐ DELETE	3 1 7111.6				hange 🔲 Addition
NAME				3 2 NAME	T ADORESS			
STREET ADDRESS CITY-ST-ZIP				3 4 Cily-5				
TITLE			☐ DELETE	4 1 1/11/18			c	hange 🔲 Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	1			
TITLE			DELETE	5 1 TITLE			□ c	hange 🔲 Addition
NAME				5.2 NAME	ADDRESS			
STREET ADDRESS CITY+S1+ZIP				5.3 STREET 5.4 CITY - S				
TIFLE			DELETE	6 1 Trill	Lintification of the con-		Ci	hange Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	1			ļ
14. I do hereby	certify that the info	rmation supplied with	this filing is voluntarily fun	640/1Y-9 nished and doe	s not qualify fo	or the exemption stated in Section 119	.07(3)(k), Florida	Statutes. I further
certify that oath; that I	the information indican an officer or dir	cated on this annual re actor of the corporatio	poy) or supplemental ap- nyl, the receiver or truste yaltachment with an add	fual report is tr se empowered lirens.	ue and accurat to execute this	te and that my signature sha⊩have the s report as required by Chapter 607, Fl	same legal effectorida Statutes; a	ct as if made under and that my name
SIGNAT	URE:	TURE AND TYPED OR PRI	NTED NAME OF STENING OFFIC	DA SER OR DIRECTOR	UID WE	EINBERG 3/12/96	(954)	474-8469