ANNUAL REPORT
1995

Florida Department of State
DIVISION OF CORPORATIONS

FILED
95 APR 20 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L23613 (7)

1. Corporation Name
SOLO VENTURES,INC.

Principal Place of Business	Mailing Address
501 N. MAGNOLIA AVE. SUITE A ORLANDO FL 32801	501 N. MAGNOLIA AVE. SUITE A ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1989
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2994518	☐ Applied For ☐ Not Applicable
21 124 ROBIN ROAD	26 124 ROBIN ROAD		
Suite, Apt. #, etc. 22 SUITE 1400	Suite, Apt. #, etc. 27 SUITE 1400	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 ALTAMONTE SPRINGS	City & State 28 ALTAMONTE SPRINGS	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32701 Country 25 SEMINOLE	Zip 29 32701 Country 30 SEMINOLE	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LA BRET, STEVEN M., P.A. 501 N. MAGNOLIA AVE. SUITE A ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	JODY L. SELBO	12 NAME	
STREET ADDRESS	10151 CHESHAM DRIVE	13 STREET ADDRESS	124 ROBIN ROAD SUITE 1400
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jody L. Selbo 4-11-95 407-273-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045368 CP