

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:39

DOCUMENT # L85811 1. Corporation Name SOLAR ADVANTAGE, INC.	(2)
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Principal Place of Business 450 CHARLOTTE ST LONGWOOD FL 32750 US	Mailing Address 450 CHARLOTTE ST LONGWOOD FL 32750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 490 North St #100 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 490 North St #100 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 06/26/1990	3a. Date of Last Report 03/16/1994	4. FEI Number 59-3017570 Applied For Not Applicable	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No
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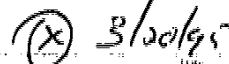
9. Name and Address of Current Registered Agent PARK, WILLIAM F. 450 CHARLOTTE ST LONGWOOD FL 32750	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to 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 title if not an officer or director) (Typed or printed name of registered agent and title if not an officer or director) (Typed or printed name of registered agent and title if not an officer or director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP PARK, WILLIAM F. 450 CHARLOTTE ST LONGWOOD FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☒ Change ☐ Addition 490 North Street #100 Longwood, FL 32750
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.076(1)(b), 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:  (Typed or printed name of signing officer or director)  (Typed or printed name of signing officer or director) 3/20/95 (Typed or printed name of signing officer or director) 407 335-9353 (Typed or printed name of signing officer or director)