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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M38837

1. Corporation Name

SOLODKIN ENTERPRISES, INC.

Principal Place of Business

Maiting Address

4000 HOLLYWOOD BOULEVARD, SUITE 495 S HOLLYWOOD FL 33021

4000 HOLLYWOOD BOULEVARD. SUITE 495 S HOLLYWOOD FL 33021

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90005 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/23/1986

2. Principal Pl	ace of Business	of Business 2a. Mailing Address			4. FEI Number	App	plied For	
21		26		59-2718329		Not	t Applicable	
Suite, Apt.					5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State					C. Fleetier Compaign Financias			
23 28 28		<u> </u>	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	- 1	
Zip	Country				8. This corporation owes the current year I			
24 25 29 30			0		Personal Property Tax.	-	□No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	1 Agent		
KRAMER, ROBERT M. 4000 HOLLYWOOD BLVD STE 485 S				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33021			83	3				
			84	City 85 Zip Code				
				City	F		Ode	
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 re	egistered agent, or both, in the State of	Florida. Such change was auth	norized by	the corporation	n's board of directors. I hereby accept the app	ointment as reg	istered	
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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	PST	DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	SOLODKIN, JEFFREY		1.2 NAME				İ	
STREET ADDRESS	4000 HOLLYWOOD BV 495 S		1.3 STREET ADDRESS					
CITY-ST-ZIP	HOLDAVOOD EL		1.4 CITY-S					
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	SOLODKIN, ERICA 22N		2.2 NAME					
STREET ADDRESS	4000 110113789000 01100 #405 0		2.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLDSWOOD EL		2. 4 CITY- S				.	
TITLE	1102211100012	☐ DELETE	3.1 TITLE	11-211-		☐ Change	Addition	
NAME			3.2 NAME				_	
STREET ADDRESS	1		3.3 STREET	ADDRESS				
. [·			1				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-212		Change	Addition	
1			4.1 IIICE 4.2 NAME					
NAME	•			ADODECC				
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5' 5.1 TITLE	1-ZIP		Change	Addition	
TITLE			5.2 NAME			Claude.		
NAME			5.3 STREET	ANNDESS				
STREET ADDRESS	\cdot		5.4 CITY-S				,	
CITY-ST-ZIP	·	☐ DELETE	6.1 TITLE	1 · 41 F		Change	Addition	
TITLE		☐ DETEIE	6.2 NAME				Addition	
NAME.			l				ļ	
STREET ADDRESS			6.3 STREET				Ì	
CITY-ST-ZIP			6.4 CITY-S	r-ZIP				

I 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 employered 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 or an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 561 5333

CR2E034 (11/98)