


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90066 037 ****61.25

0073294

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000004303

1. Corporation Name
SOLAR RESOURCES, INC.

Principal Place of Business 160 SANDAL WOOD CIRCLE KISSIMMEE FL 34743	Mailing Address 160 SANDAL WOOD CIRCLE KISSIMMEE FL 34743
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/23/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-2116689 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent CHAVANNES, LOUIS 160 SANDAL WOOD CIRCLE KISSIMMEE FL 34743	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
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVANNES, LOUIS	1.2 NAME	
STREET ADDRESS	160 SANDAL WOOD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, JOHNNY F	2.2 NAME	
STREET ADDRESS	160 SANDAL WOOD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	2.4 CITY-ST-ZIP	
TITLE	NICO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEAU, HAROLD	3.2 NAME	
STREET ADDRESS	160 SANDAL WOOD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBERT, STANLEY E	4.2 NAME	
STREET ADDRESS	2300 E. CONCORD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
 Date: 01-27-99 Daytime Phone #: 407-348-7796

CR2E037 (1/98)