

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000075926 (4)**

1. Corporation Name

**SOLAR PROTECTION INC.**



Principal Place of Business

**5100 N.W. 167TH STREET  
133  
HIALEAH FL 33014  
US**

Mailing Address

**5100 N.W. 167TH STREET  
133  
HIALEAH FL 33014  
US**

3. Date Incorporated or Qualified  
**11/03/1993**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **8082 W 21 Court**

26 **8649 N.W. 186 Street**

4. FEI Number  
**65-0470619**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Hialeah, FL**

28 **Miami, FL**

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

24 Zip **33016**

25 Country **U.S.**

29 Zip **33015**

30 Country **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHISHOLM, LEWIS  
5100 N.W. 167TH STREET, #133  
HIALEAH FL 33014**

81 Name

**Dennis R. Haber**

82 Street Address (P.O. Box Number is Not Acceptable)

**1450 Madruga Avenue**

83

**Suite #406 305**

84 City

**Miami,**

**FL**

85 Zip Code **33146**

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 State Incorporation)

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

**4/30/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD CHISHOLM, LEWIS**  
STREET ADDRESS **5100 N.W. 167TH STREET, #133**  
CITY - ST - ZIP **HIALEAH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
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CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **8850 N.W. 191 Street**  
1.4 CITY - ST - ZIP **Miami, FL 33015**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

Date

**305 827-8468**

Daytime Phone #

CR2E034 (12/95)