

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:37

DOCUMENT # **P94000007683 (3)**

1. Corporation Name
S.O.L.E. GROUP, INC.

Principal Place of Business Mailing Address
4608 S.E. AZIMUTH WAY PORT SALERNO FL 34992

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/21/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 22 P.O. BOX 286

4. FEI Number Applied For
Not Applicable

22 City & State 27
23 PORT SALERNO, FL.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28
24 34992 29 USA

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 34992 30 USA

8. The 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

**REID, RHILIP H JR.
340 ROYAL PALM WAY
PALM BEACH FL 33480**

81 Name **BARBARA A. CLAIR**
82 Street Address (P.O. Box Number is Not Acceptable)
3624D S.W. QUAIL MEADOW TRAIL
83
84 City **PALM CITY** 85 Zip Code **FL 34990**

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 *Barbara A. Clair*

NOTE: Registered Agent signature required when reappointing.

April 25, 1995
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CLAIR, EDWARD J
STREET ADDRESS	4608 S.E. AZIMUTH
CITY ST ZIP	PORT SALERNO FL 34992
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY ST ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
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9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY ST ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY ST ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	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 110.07(3)(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 from an attachment with an address.

SIGNATURE *Edward J. Clair* **EDWARD J. CLAIR**

287-1821