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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400007789 (8)

SOLTAU DISTRIBUTORS, INC.

Principal Place of Business Malling Address

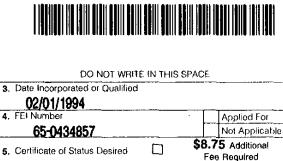
7710 N.W. 62ND WAY 7710 N.W. 62ND WAY
PARKLAND FL 33067 PARKLAND FL 33067

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 07 1998 8:00am Secretary of State



22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes ☐ No 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SOLTAU, LAURISTON 7710 N.W. 62ND WAY 82 Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 83 City 85 Zip Code

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 II applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1,1 TITLE **SOLTAU, LAURISTON** NAME 1.2 NAME **32E034** 7710 N.W. 62ND WAY STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE SOLTAU, PATRICIA 2.2 NAME 7710 N.W. 62ND WAY STREET ADDRESS 2.3 STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP

14. Thereby 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 acceptate 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 employed to exempt this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or on an attachment with an address.