## 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

CR2E034 (12/95)

DOCUMENT #

1. Corporation Name

SIGNATURE: X

P94000042789 (5)

SOLAR BABIES INC.

Maileo Addrove					T INDICADI IND HAVIN BARN ORING CORFF DOVIN BOOM DEGIN NEGLI IDDAY SOLICO CREL FORE			
Principal Place of Business Mailing Address								
11420 U.S. HWY. ONE SUITE 107 PALM BEACH GARDENS FL 33418		11420 U.S. HV SUITE 107	11420 U.S. HWY. ONE					
		PALM BEACH	GARDENS I	FL 33418		Date Incorporated or Qualified		
						<ol> <li>Date Incorporated or Qualified 06/08/1994</li> </ol>	06/15/1995	
2. Principal Pl	ace of Business	2a. Mailing Ador	ess			4. FEI Number	Applied For	
21		26				65-0495970	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				S. F. Garagian Francisco	Fee Required	
City & State		Oty & State	<sub>1</sub>			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
23	Country	28 Zip	———Т	Country		8. This corporation has liability for		
Zip 24	25	29		30		Florida Statutes 💢 Ye	s 🔲 No	
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New	Registered Agent	
				81	Name			
	RATE CREATIONS ENTERPRI	ISES INC.		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
4521 P								
PALM E	BEACH GARDENS FL 33418			83				
				84	City		85 Zip Code	
	1 6076	200 and 607 1609 Elorio	la Statutos	the phous r	amed corro	ration submits this statement for the provided directors. I barely according an	urpose of changing its registered office	
or registe	vod spent or both in the State Old	Nondal Such chance was	aumonzed	by the corp	oration's boa	ard of directors. I hereby accept the ap	pointment as registered agent. I am	
familiar w	ith, and accept the obligation; of	Section 607.0505, Florida	Statutes				2/2/96	
SIGNATURE:	Signative typed or printed name of registere to	ago transition dasproace	ICO1E	Ray fered Ayer	Lsqrature regain	ed wher remakating	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	P	☐ DE	LETE	1 1 TITLE			☐ Change ☐ Addition	
NAME	FULGINITI, JOE			1.2 NAME				
STREET ADDRESS		LMS CIRCLE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	JUPITER FL			1.4 C(TY - S	r - ziP		Change	
TITLE	ST VINE CLYPE C	□ DE	LEIE	2 1 TITLE			3	
NAME	WILKINS, CLYDE S. 175 REGATTA DR			2.2 NAME	ADDOCCC	372 ROBATTA D	PENNE	
STREET ADDRESS	JUPITER FL			2.3 STREET 2.4 City - 5	AUDMESS	Sia looginin v		
CITY-ST-ZIP	JUPITEN PL	1 05	LETE	3 1 TITLE	ir-zir		Change Addition	
TITLE NAME		ш		3.2 NAME				
STREET ADDRESS				3.3 STREE	F ADDRESS			
CITY-ST-ZIP				3.4 CITY - S	ST - ZIP			
TITLE		DE	LETE	4 1 TITLE			Change Addition	
NAME				4.2 NAME				
STREET ADDRESS	5			4.3 STREE				
CITY-ST-ZIP		[] DI	TETE	4.4 City - 1	ST - ZIF		Change Addition	
TITLE		الله الله	LCIE	5 1 TITLE 5 2 NAME	1			
NAME ADDAME		//			I AODRESS			
STREET ADDRESS	·	/ /		5.4 CITY -				
CITY-ST-ZIP		-/-/ <sub>0</sub> 0	LETL	6 1 TILLE			Change Addition	
NAME		/ / _		6.2 NAME				
STREET ADDRESS	s			6 3 STREE	LADDRESS			
A.F 87 7.0				6.4 CI*Y -	ST - ZIP		0.070000 50.000	
14. I do here	eby certify that the information support the information reducated on the	blied with this filing is volu	ntarily furnis	shed and doc	es not qualify ue and accu	for the exemption stated in Section 1 trrate and that my signature shall have to	19.07(3)(k), Florida Statutes. I further he same legal effect as if made under	
I cotto: the	at Lam an officer or director of the r	nareachilda ar the receive	r or trustee	- CIT DOWELDO	to execute t	his report as required by Chapter 607.	Florida Statutes; and that my name	
appears	in Block 12 or Block 13 if changed	a, or on an attachment wi	arraddr€	355.		<i>f</i> .		

SIGNATURE AND TWEE OF ENTED NAME OF SIGNING OFFICER OR DIRECTOR