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

PROFIT CORPORATION ANNUAL REPORT

1998

1

S. S. Williams

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 10 1998 8:00am

Secretary of State

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043517 (9)

MOJI SOLA PRODUCTS, INC. Principal Place of Business Mailing Address 748 NW 12 AVE 748 NW 12 AVE **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0497623 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 6. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 COCKE, WILLIAM W 748 NW 12 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 Zip Code City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature reg OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE NAME COCKE, WILLIAM W 1.2 NAME 748 NW 12 AVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA ARATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME COCKE, TANAROLA D 2 2 NAME STREET ADDRESS 748 NW 12 AVE 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-7/P 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DZOBI, AMA D NAME 3.2 NAME 748 NW 12 AVE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE COCKE, TANAROLA D NAME 4. 2 NAME 303 IPSWICH STREET STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE

6.4 CITY - ST- ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

5.2 NAME

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Wilton W Cocke William W. Cocke Apr 6 1998