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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400089091 (0)

**SOLIWAY COMPANY** 

STREET ADDRESS

Principal Place of Business Mailino Address BERGSTRASSE 389 C/O MALVAN, P A FL-9497 TRIESENBERG 4720 N W BOCA RATON BLVD DO NOT WRITE IN THIS SPACE LEICHTENSTEIN 9497 **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 12/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 45 KAUFMAN ROSEID +Co. 65-0541863 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ROOD GIADES 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 33431 USA Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HANDLER, HERNY B 2255 GLADES RD Street Address (P.O. Box Number is Not Acceptable) 82 **STE 218A** 83 **BOCA RATON FL 33431** 84 City 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 ported name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1 1 TITLE TITLE EGGENBERGER, HANS 1.2 NAME NAME **BERGSTRASSE 389** 1.3 STREET ADDRESS STREET ADDRESS FL-9497 TRIESENBERG, LEICHTN 1.4 CITY - ST - ZIP CITY-ST-ZIF TITLE DELETE 2.1 TITLE Change Addition HANDLER, HENRY B 2.2 NAME NAME 2255 GLADES RD STE 218A STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL** 2. 4 City-ST-ZIP CITY-ST-ZIP DELFTE Addition 3.1 TITLE TIFLE 32 NAME NAME STREET ADDRESS 33 STREET ADDRESS 3.4. CITY - ST - ZIP COY-ST-7/P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 61 TITLE NAME 62 NAME

officer or director of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation of the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation or the receiver or trustee employees to execute this required by chapter of the corporation of the receiver or trustee employees the corporation of the receiver o

14. Thereby certify that the information supplied with this filling 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 suppliemental 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

6.3 STREET ADDRESS