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

DOCUMENT # **P95000009799 (4)**

1. Corporation Name
DELSOL, INCORPORATED

Principal Place of Business
1027 AVENIDA SANTA ANA
BOCA RATON FL 33496

Mailing Address
1027 AVENIDA SANTA ANA
BOCA RATON FL 33496

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3300 S. Congress Ave.
Suite, Apt. #, etc.
22 Suite 14
City & State
23 Boynton Beach, FL
Zip 24 33426 Country 25 USA

2a. Mailing Address
26 3300 S. Congress Ave.
Suite, Apt. #, etc.
27 Suite 14
City & State
28 Boynton Beach, FL
Zip 29 33426 Country 30 USA

4. FEI Number: 65-0574077 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOLTESS, SUSAN D
1027 AVENIDA SANTA ANA
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: Susan D. Soltess
82 Street Address (P.O. Box Number is Not Acceptable): 3300 S. Congress Ave.
83 Suite 14
84 City: Boynton Beach FL 85 Zip Code: 33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Susan D. Soltess Susan D. Soltess, Pres. 1-22-96
(If changing Registered Agent, Signature of New Registered Agent required) (If changing Registered Agent, Signature of New Registered Agent required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	P ☐ Change ☐ Addition
DPT SOLTESS, SUSAN D 10727 AVENIDA SANTA ANA BOCA RATON FL 33498			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	V ☐ Change ☐ Addition
DVS SOLTESS, FRANK 1027 AVENIDA SANTA ANA BOCA RATON FL 33496			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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.

SIGNATURE: Susan D. Soltess Susan D. Soltess, Pres. 407-374-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-22-96 Daytime Phone #

CR2E034 (12/95)