

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 # P95000026500 (5)

1. Corporation Name

SOL B CORP.



Principal Place of Business

Mailing Address

4111 S OCEAN DR  
HOLLYWOOD FL 33020

4111 S OCEAN DR  
HOLLYWOOD FL 33020

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0570866

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

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DPS  
GENET, S. MICHAEL  
4111 S OCEAN DR  
HOLLYWOOD FL 33020

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY- ST- ZIP

Change Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY- ST- ZIP

Change Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY- ST- ZIP

Change Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY- ST- ZIP

Change Addition

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY- ST- ZIP

Change Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY- ST- ZIP

Change Addition

25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY- ST- ZIP

Change Addition

29. TITLE  
30. NAME  
31. STREET ADDRESS  
32. CITY- ST- ZIP

Change Addition

33. TITLE  
34. NAME  
35. STREET ADDRESS  
36. CITY- ST- ZIP

Change Addition

37. TITLE  
38. NAME  
39. STREET ADDRESS  
40. CITY- ST- ZIP

Change Addition

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY- ST- ZIP

Change Addition

45. TITLE  
46. NAME  
47. STREET ADDRESS  
48. CITY- ST- ZIP

Change Addition

49. TITLE  
50. NAME  
51. STREET ADDRESS  
52. CITY- ST- ZIP

Change Addition

53. TITLE  
54. NAME  
55. STREET ADDRESS  
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Change Addition

57. TITLE  
58. NAME  
59. STREET ADDRESS  
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Change Addition

61. TITLE  
62. NAME  
63. STREET ADDRESS  
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Change Addition

65. TITLE  
66. NAME  
67. STREET ADDRESS  
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69. TITLE  
70. NAME  
71. STREET ADDRESS  
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73. TITLE  
74. NAME  
75. STREET ADDRESS  
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Change Addition

77. TITLE  
78. NAME  
79. STREET ADDRESS  
80. CITY- ST- ZIP

Change Addition

81. TITLE  
82. NAME  
83. STREET ADDRESS  
84. CITY- ST- ZIP

Change Addition

85. TITLE  
86. NAME  
87. STREET ADDRESS  
88. 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)(k), Florida Statutes. I further certify that the information included 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 or Block 14 or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 457-8000

CR2E034 (12/95)