

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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # P95000076375 (1)

1. Corporation Name

SOLITARY, INC.



Principal Place of Business

8120 SUN VISTA WAY
ORLANDO FL 32822

Mailing Address

8120 SUN VISTA WAY
ORLANDO FL 32822

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 140 FERNWOOD BLVD

2a. Mailing Address

26 252 E. SEMORAN BLVD #

4. FEL Number
59.333 7704

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

Suite, Apt. #, etc.

22

City & State

23 FERN PARK, FL

Zip

24 32730

Country

25 USA

Suite, Apt. #, etc.

27

City & State

28 CASSELBERRY, FL

Zip

29 32707

Country

30 USA

9. Name and Address of Current Registered Agent

VIGILANTE, LOUIS
8120 SUN VISTA WAY
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

LOUIS VIGILANTE

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

83

300 N. KNOWLES AVE. # 401

84 City

WINTER PARK

FL

85 Zip Code

32789

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, if not the applicant.

Typed or printed name of registered agent, if not the applicant.

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

LOUIS VIGILANTE

1.3 STREET ADDRESS

252 E. SEMORAN BLVD. #523

1.4 CITY - ST - ZIP

CASSELBERRY, FL 32707

☐ Change ☐ Addition

"N/A"

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 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)(k), 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:

LOUIS C. VIGILANTE

Date

4/15/96 (407) 830-8256

CR2E034 (12/95)