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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000076375 (1)**

1. Corporation Name
SOLITARY, INC.

Principal Place of Business	Mailing Address
140 FERNWOOD BLVD FERN PARK FL 32730 US	252 E SEMORAN BLVD #523 CASSELBERRY FL 32707-4943 US

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 140 FERNWOOD
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: FERN PARK, FL
Zip — 24:
Country — 25:
Zip — 29: 32730
Country — 30: SEMINOLE

4. FEI Number: 59-3337704 ☐ 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

VIGILANTE, LOUIS
300 N KNOWLES AVE
#401
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: SEAN MCCABE
82 Street Address (P.O. Box Number is Not Acceptable): 527 N. SEMORAN BLVD
83
84 City: ORLANDO FL 85 Zip Code: 32807

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: Sean McCabe — SEAN F. McCABE — 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOUIS VIGILANTE		1.2 NAME	
STREET ADDRESS	252 E SEMORAN BLVD #523		1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	
TITLE	P, VP, S, T	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	SEAN F. MCCABE		2.2 NAME	
STREET ADDRESS	101 LEE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Sean McCabe — 4/17/97 — 407-381-0222