SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jul 22 1997 8:00am Secretary of State

DOCUMENT # P95000081315 (0)												
SOLOMONSON & ASSOCIATES, INC.												
SOLOW	ONSON (a assuciates,	INU.									
										! 		
Principal Place of Business Mailing Address												
4035 TERRIWOOD AVENUE				•								
ORLANDO FL 32812				4035 TERRIWOOD AVENUE ORLANDO FL 32812								
			•						DO NOT WRIT	IN THIS	SPACE	
									3. Date Incorporated or Qualified	3a. D	ate of Last F	Report
2. Principal Place of Business				On Mailing Address				10/23/1995	05	/01/1996		
 				2a. Mailing Address				4. FEI Number			oplied For	
Suite, Apt. #, etc.				Suite, Apt #, etc.					59-3341614			ot Applicable
22				27					5. Certificate of Status Desired			Additional equired
I City & Stato				City & State					6. Election Campaign Financing			May Be
23				28					Trust Fund Contribution			to Fees
I Zip	Country			Zip Co					8. This corporation owes or has p	aid the cu	rrent year Int	langible
24	25			29 30				Personal Property Tax due June	30. [Yes [No	
g. Name and Address of Current Registered Agent									10. Name and Address of New Ro	gistered	Agent	
	DIANE HOL					81	Name					
801 N. MAGNOLIA AVENUE						82 Street Addre			ss (P.O. Box Number is Not Accepta	ole)		
SUITE 409												
OR	LANDO FL	32803				83						
					İ	84	City				85 Zip	Code .
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the							-namod	corno	vation submits this statement for the	FL	f shanaisa it	n rociotoro d
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									in's board of directors. I hereby acce	pt the app	ointment as	registered registered
	an ramman yyn	in, and accept the oblig	jations of	, Section 607.0505, F	ionua Siai	บเอร	5.					
SIGNATURE	Signature, typied	or printed name of registered ag	ent and lide	if applicable (NO	16 Registered	i Age	nl signature	required	when re-instaling)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.		OFFICERS AN	ID DIREC		13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
TITLE	PD			☐ DELETE	1.1 30	LE.					Change	Addition
NAME.	405m0110011, 000711 71			1.7			1.2 NAME					
STREET ADDRESS	1000 10.000 11.000			1.3			1.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32812			Districts			I-ZIP	··· ··				
TITLE	STD	10011 0 111170		DELETE			2.1 TITLE 2.2 NAME				☐ Change	Addition
NAME	SOLMONSON, C. JAMES											
STREET ADDRESS	ADIANCE DI CONTRACTOR						2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D	O FL 32812		DELETE	2.4 CI 3 1 TIT		I - ZIP				T 050000	Adellia
NAME	_	ISOM IIII MOSI		Octor							L. Change	Addition
STREET ADDRESS	SOLMONSON, JILL M 4035 TERRIWOOD AVENUE						3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. City-St-ZiP								
TITLE	THE RIPO I G VEVIE			☐ DELETE			1-20				Change	Addition
NAME												
STREET ADDRESS					4. 2 NA 4.3 ST		ADDRESS					Ī
CITY-ST-ZIP					4.4 CI1							
TITLE				DELETE	5.1 7(7						Change	Addition
NAME					5.2 NA	ME					-	
STREET ADDRESS					5.3 STF	REF1 A	ADDRESS					ŀ
CITY-ST-ZIP					5.4 CIT	Y-\$1	- ZIP					
TITLE				☐ DELETE	61 111						Change	Addition
NAME					6 2 NA	ME						
STREET ADDRESS	•.				6.3 S16	REET /	ADDRESS					
DITY-ST-ZIP	u partifu shat				6.4 CiT	Y-51	- 7IP					

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 logal effect as if made under eath; 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.

Chilland & Solomones

7/16/97

859-1452