

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000028899 (8)**

1. Corporation Name  
**SOLITUDE, INC.**



Principal Place of Business <b>831 SW 25 STREET FT LAUDERDALE FL 33315</b>	Mailing Address <b>831 SW 25 STREET FT LAUDERDALE FL 33315-2617</b>
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3. Date Incorporated or Qualified <b>04/03/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>141 N.W. 20<sup>th</sup> Street</b> Suite/Apt. #, etc. 22 <b>B1</b> City & State 23 <b>BOCA RATON FL</b> Zip 24 <b>33431</b>	2a. Mailing Address 26 <b>141 N.W. 20<sup>th</sup> Street</b> Suite/Apt. #, etc. 27 <b>B1</b> City & State 28 <b>BOCA RATON FL</b> Zip 29 <b>33431</b>	4. FEI Number <b>65-0658074</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Country 25 <b>USA</b>	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**GELLER, CYNTHIA M**  
**831 SW 25 STREET**  
**FT LAUDERDALE FL 33315**

**10. Name and Address of New Registered Agent**

81 Name <b>CRAIG D. KAPLAN</b>	85 Zip Code <b>33431</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>141 N.W. 20<sup>th</sup> Street</b>	
83 Suite <b>Suite B1</b>	
84 City <b>BOCA RATON</b>	85 State <b>FL</b>

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: Craig D. Kaplan (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President, Director, Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GELLER, CYNTHIA M</b>		1.2 NAME <b>CRAIG D. KAPLAN</b>	
STREET ADDRESS <b>831 SW 25 STREET</b>		1.3 STREET ADDRESS <b>141 N.W. 20<sup>th</sup> Street</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33315</b>		1.4 CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Craig D. Kaplan  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 15, 1997 (56) 394-5441  
Date Daytime Phone #

CR2E034 (9/96)