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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029350 (1)

SOLAR DYNAMICS, INC.

FILED Apr 20 1998 8:00am Secretary of State



B : : : : 18:: :									
Principal Place of Business Mailing Address								*******	
1824 PREMIER ROW 1824 PREMIER ROW ORLANDO FL 32809 ORLANDO FL 32809								DO NOT WRITE IN THIS SPACE	:
								3. Date Incorporated or Qualified	
								03/29/1996	
2. Principat Place of Business				2a. Mailing Address				4. FEI Number	Applied For
21				26				59-3380905	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.									.75 Additional ee Required
22									·····
23				28				_ · · · - _ • •	5.00 May Be dded to Fees
Zip		Country		Ζip	Co	untry	У	8. This corporation owes or has paid the current ye	
24				30			□ No		
ļ		and Address of Cu	rrent Reg	istered Agent		١	Ti	10. Name and Address of New Registered Agent	
	urley, Pa					81	Name		
1209 DELAWARE AVENUE KISSIMMEE FL 34744						82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)	
						83			
						84	City	FL ^{[85}]	Zip Code
11. Pursuant	to the provis	sions of Sections 607.	0502 and	607.1508, Florida Sta	atutes, the a	bov	e-named corp	poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointme	ing its registered
agent. I a	ım familiar w	ith, and accept the ol	nligations	of, Section 607.0505,	as authorize , Florida Sta	tute	y the corporat 8.	tion's board of directors, I hereby accept the appointme	nt as registered
SIGNATURE		d or printed name of registered		·					
12.	Signature, typed	OFFICERS			NOTE: Registere	d Ag	ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT	07000 11140
TITLE	PCEO	OFFICENS	AND DIN	DELETE	1.1 7	ITI F	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
NAME		Y, PAUL A			1.2 N				side T vacation
STREET ADDRESS		ELAWARE AVENU	=				T ADDRESS		
CITY · SI · ZIP		MEE FL 34744	-				ST-ZIP		
TITLE	14001111	MELIC OTITY		DELETE	2.1 7		51-24	□ Ch	ange Addition
NAME					2.2 N				ingo [] / Conton
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP							ST-ZIP		
TITLE				DELETE	3.1 T		ni-tll	☐ Chi	ange Addition
NAME					3.2 N				— FOOTEON
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP							ST - ZiP		
TITLE				DELETE	4.1 Ti		·	☐ Chi	ange Addition
NAME					4.21		Ì		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP							ST-ZIP		
TITLE	···			DELETE	5.1 T	_	71 - LIF	☐ Cha	ange Addition
NAME	i				5.2 N				g
STREET ADDRESS							ADDRESS		
CHY-SI-ZIP									
TITLE	···			DELETE	6.1 TI		T- ZIP	☐ Chá	ange 🔲 Addition
NAME					6.2 N				uito ET vogingii
STREET ADDRESS							ADORESS		
PITY_CF_7ID							ADDRESS		

14. I 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 changett, or on an attachment with an address.

SIGNATURE:

Apr. 1 10, 1998