


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033092 (3)**

1. Corporation Name

SOLWAY EQUITY, INC.



Principal Place of Business 14314 CYPRESS ISLAND COURT PALM BEACH GARDENS FL 33410	Mailing Address 14314 CYPRESS ISLAND COURT PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

65-0662543

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

~~BRAMS, DANIEL J ESQ.~~
~~1645 PALM BEACH LAKES BLVD. STE 1050~~
~~WEST PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent

81 Name	MARCELLINE M. SOLWAY
82 Street Address (P.O. Box Number is Not Acceptable)	14314 CYPRESS IS. CT.
83	
84 City	Palm Beach Gardens
85 Zip Code	FL 33410

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 **MARCELLINE M. SOLWAY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOLWAY, MARCELLINE M	
STREET ADDRESS	14314 CYPRESS ISLAND COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KRAMER, DAVID J	
STREET ADDRESS	14314 CYPRESS ISLAND COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRAMER, VALERIE J ALER	
STREET ADDRESS	14314 CYPRESS ISLAND COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLWAY, MICHAEL D	
STREET ADDRESS	14314 CYPRESS ISLAND COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: **MARCELLINE M. SOLWAY**

1-30-98

561 628 3450

CR2E034 (10/97)