

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90157 044 ***150.00

DOCUMENT # P96000033092

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



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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 6346 Drake Street

Suite, Apt. #, etc.

22 Jupiter, Florida

City & State

23 33458 U.S.

Zip Country

24 25

2a. Mailing Address

26 6346 Drake Street

Suite, Apt. #, etc.

27 Jupiter, Florida

City & State

28 33458 U.S.

Zip Country

29 30

9. Name and Address of Current Registered Agent

SOLWAY, MARCELLINE M.
14314 CYPRESS IS. CT.
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name David J. Kramer

82 Street Address (P.O. Box Number is Not Acceptable)

6346 Drake Street

83

84 City Jupiter

FL

85 Zip Code 33458

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SOLWAY, MARCELLINE M
STREET ADDRESS 14314 CYPRESS ISLAND COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ~~PD~~ ☐ DELETE

NAME KRAMER, DAVID J
STREET ADDRESS 14314 CYPRESS ISLAND COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ~~VTD~~ ☐ DELETE

NAME KRAMER, VALERIE J ~~ALTER~~
STREET ADDRESS 14314 CYPRESS ISLAND COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☒ DELETE

NAME SOLWAY, MICHAEL D
STREET ADDRESS 14314 CYPRESS ISLAND COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1999 (56) 748-9185

CR2E034 (11/98)

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