FILE NOW: FILING FEE AFTER MAY 1ST IS

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTI

Sandra B.

Secretary of DIVISION OF CORP .00

STATE

IONS

FILED Mar 23 1998 8:00am Secretary of State

| DOCUMENT # | P96000075663 | (0) |
|---------------------|--------------|-------------|
| I, Corporation Name | | \ -, |

| 1. Corporation | Name SOLUTIO | | JUU/566 | 3 (U) | • | | | | | | |
|------------------------|-----------------------------------|--|---|--------------------------------|---------------------------|---|--------------|---|----------------|----------------------|---------------|
| Principal Place | e of Business | | Mailing Addr | ess | | | | A PERIODAL UNITE ANIO ARIST ARIO | ONICH DONE THE | AT BUILD BALLS BUILD | |
| 10117 BOYNT | ON PLACE CIP | ACLE | 10117 BOYN | TON PLACE C | IRCLE | | | | | | |
| | ACH FL 33437 | | | EACH FL 3343 | | | | DO NOT WR | ITE IN THIC | EDACE | |
| } | | | | | | | - | 3. Date Incorporated or Qualific | | 31 AUL | |
| | | | | | | | - { | 09/09/1996 | - | | - [|
| 2. Principal P | lace of Busine | es | 2a, Mailing A | ddress | | | | 4. FEI Number | | Ар | plied For |
| 21 | | | 26 | | | | | 65-0712356 | · | | t Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt | #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 A | |
| 22 City & State | e | | City & Sta | te | | | | 6. Election Campaign Financing | | | |
| 23 | _ | | 28 | | | | 1 ' | Trust Fund Contribution | , D | \$5.00 Added t | |
| Zip | | Country | Zip | | Country | | | 8. This corporation owes or has | paid the cu | | |
| 24 | | 25 | 29 | | 10 | | | Personal Property Tax due Ju | | | No No |
| | | | rent Registered Age | nt | 81 | Name | 1 | O. Name and Address of New | Registered | Agent | |
| | imer, traci | | _ | | *' | Name | | | | | |
| | | ON PLACE CIRCLE | | | 82 | Street | Address | (P.O. Box Number is Not Accep | table) | | |
| l BO | YNION BEA | NCH FL 33437 | | | 83 | | | | · | | |
| ļ | | | | | | | | | | | |
|] | | | | | 84 | City | | | FL | 85 Zip (| Code |
| 11. Pursuant | to the provision | ons of Sections 607.0 | 0502 and 607.1508, F | orida Statutes | the above | e-named | corporal | tion submits this statement for th | | of changing it | s registered |
| office or r | egistored age im familia/ with | int, or both, in the Sta h, and accept the ob | ate of Florida. Such cl lligations of, Section 6 | nange was au 07.0505, Flori | thorized by da Statute | r the corp s. | poration's | tion submits this statement for the board of directors. I hereby ac | cept the ap | pointment as | registered |
| SIGNATURE | -xu | winted name of registered | Tracev K. | Reime | c - Pce | 2Sid | ent | nen reinstating) | _ | h12,19 | |
| 12. | | OFFICERS / | AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | P | | i_ | DELETE | 1.1 TITLE | | VP | | ~ | Change | Addition |
| NAME | | TRACEY K | | | 1.2 NAME | | KEI | HER, MICHAEL | | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | 1011 | HER, HICHAEL 7 Boynton Pl. Ynton Bch , FL | α | 9 -9 | | | |
| CITY-ST-ZIP | ROANIO | N BEACH FL | | DELETE | 1.4 CITY - S | T-ZIP | 1 RO | yoton bun, Hi | 3 24 | Change | L] Addition |
| TITLE NAME | | | L | DELETE | 2.1 TITLE 2.2 NAME | | ł | | | Change | L] ADDITION] |
| STREET ADDRESS | | | | | 2.3 STREET | AUDBECC |) | | | | |
| CITY-ST-ZIP | | | | | 2.4 City- | | ļ | | | | |
| TITLE | | | | DELETE | 3.1 TITLE | 31 20 | | | | Change | Addition |
| NAME | | | | | 3.2 NAME | | [| | | | |
| STREET ADDRESS | | | | | 3.3 STREET | ADDRESS | } | | | |] |
| CITY-ST-ZIP | | | | | 3.4. CITY- | ST-ZIP | <u> </u> | | | | |
| TITLE | | | L | DELETE | 4.1 TITLE | |] | | | Change | Addition |
| NAME | | | | | 4. 2 NAME | | 1 | | | | |
| STREET ADDRESS | | | | | 4.3 STREET | ADDRESS | } | | | | |
| CITY - ST - ZIP | | | | DELETE | 4.4 CITY - S | T-ZIP | | | | | 174499 |
| TITLE | | | L | DELETE | 5.1 TITLE | | 1 | | | Change | Addition |
| NAME | | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | } | | | | 5.3 STREET | | Į | | | | ļ |
| CITY-ST-ZIP | <u></u> | | | DELETE | 5.4 CITY- S | T-ZiP | | | | Change | T Addition |
| TITLE | | | | Utltit | 6.1 TITLE | | 1 | | | ∟ Unange | Addition |
| NAME PERCET ADDRESS | | | | | 6.2 NAME | ADDRESS | | | | | |
| STREET ADDRESS | 1 | | | | 6.3 STREET | MULMESS | 1 | | | | |

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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:

TRACEY K Beiner March 12,1998 (561) 738-7086