SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000088890 (4)**

1. Corporation Name
SOLA ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
24365 SW 127 AVE. PRINCETON FL 33032	P.O. BOX 4197 PRINCETON FL 33092 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **65-0713499**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOLA, CARL F 24365 SW 127 AVE. PRINCETON FL 33032	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SOLA, CARL F		1.2 NAME	
STREET ADDRESS	24365 SW 127 AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VILLAZON-SOLA, NANCY		2.2 NAME	
STREET ADDRESS	24365 SW 127 AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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-08/26/98--01004--043
***150.00

CC 8/26

CR2E034 (5/98)

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: [signature] 8/13/98 305-342-0913

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AUGUST 17, 1998

DEPT OF STATE
ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

RE: SOLA ENTERPRISES OF SOUTH FLORIDA, INC

DEAR SIRS:

PLEASE ACCEPT THIS LETTER AS AN APOLOGY FOR NOT HAVING FILED THE 1998 PROFIT CORPORATION ANNUAL REPORT. WE NEVER RECEIVED THE ORIGINAL PACKET. AND SINCE THIS IS THE FIRST YEAR OF THE FORMATION OF THIS CORPORATION, AND WE WERE NOT AWARE THAT THIS REPORT NEEDED TO BE FILED.

ENCLOSED PLEASE FIND THE COMPLETED FORM AND CHECK #2784 IN THE AMOUNT OF $150. THANK YOU AGAIN FOR WAIVING THE PENALTY CHARGE.

SINCERELY,

CARL F SOLA