

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).

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

**24365 SW 127 AVE.
PRINCETON FL 33032**

Mailing Address

**P.O. BOX 4197
PRINCETON FL 33092
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SOLA, CARL F
24365 SW 127 AVE.
PRINCETON FL 33032**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

65-0713499

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **SOLA, CARL F**
STREET ADDRESS **24365 SW 127 AVE.**
CITY-ST-ZIP **PRINCETON FL 33032**

TITLE **DS** ☐ DELETE

NAME **VILLAZON-SOLA, NANCY**
STREET ADDRESS **24365 SW 127 AVE.**
CITY-ST-ZIP **PRINCETON FL 33032**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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*****150.00**

ce 8/26

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 supplementary 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

8/12/98

305-342-0912

CR2E034 (5/98)

FILED
Aug 26 1998 8:00am
Secretary of State



Pg 2

AUGUST 17, 1998

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

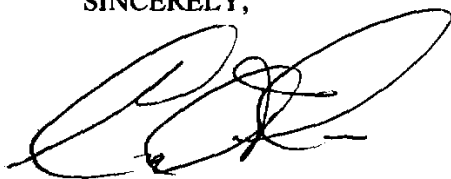
RE: SOLA ENTERPRISES OF SOUTH FLORIDA, INC

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,

A handwritten signature in black ink, appearing to be 'C. F. Sola', with a large, stylized loop at the end.

CARL F SOLA