

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

FILED

Apr 07 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 # P97000029429 (2)

1. Corporation Name
SOL CAT, INC.



Principal Place of Business

C/O LAZYDAZE SURF & SWIM
12189 US HWY #1
NORTH PALM BEACH FL 33408

Mailing Address

C/O LAZYDAZE SURF & SWIM
12189 US HWY #1
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

05-0754093

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 LAZYDAZE SURF & SKATE

27 Suite, Apt. #, etc.

12189 US Hwy 1

28 City & State

N. PALM BEACH, FL

29 Zip

33408

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DERIAN, AMIE F
237 RILYN DRIVE
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

DERIAN, AMIE F.

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

83 237 Rilyn Dr.

84 City

West Palm Beach FL

85 Zip Code

33408

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

Amie F. Derian

(NOTE: Registered Agent signature required when reinstating)

1/5/98.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DERIAN, AMIE F
STREET ADDRESS 237 RILYN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ DELETE

TITLE D
NAME HAMILTON, FRANK T
STREET ADDRESS 237 RILYN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS { same

1.4 CITY-ST-ZIP

2.1 TITLE V/D/S ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS { same

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.

SIGNATURE:

Amie F. Derian

Jan. 5. 98. (501)
0299283

CR2E034 (10/97)