

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

DOCUMENT # P97000042393

1. Corporation Name
RADIANT SOLUTIONS, INC.

Principal Place of Business
**1440 CORAL RIDGE DRIVE
SUITE 133
CORAL SPRINGS FL 33071**

Mailing Address
**1440 CORAL RIDGE DRIVE
SUITE 133
CORAL SPRINGS FL 33071**

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90003 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

65-0756316

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 **1217D S. MILITARY TRAIL**

Suite, Apt. #, etc.

22

23 **WEST PALM BEACH, FL**

City & State

24 **33415** 25 **US**

Zip Country

2a. Mailing Address

26 **1217D S. MILITARY TRAIL**

Suite, Apt. #, etc.

27

28 **WEST PALM BEACH, FL**

City & State

29 **33415** 30 **US**

Zip Country

9. Name and Address of Current Registered Agent

**LEE, MONICA
1440 CORAL RIDGE DRIVE
SUITE 133
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name **MONICA LEE**

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

1217D S. MILITARY TRAIL

83

84 City **WEST PALM BEACH**

85 Zip Code **FL 33415**

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 **DPT** ☐ DELETE
NAME **LEE, MONICA**
STREET ADDRESS **1440 CORAL RIDGE DR., SUITE 133**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VS** ☐ DELETE
NAME **LEE, FRED**
STREET ADDRESS **1440 CORAL RIDGE DR, SUITE 133**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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 ☐ 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: **Monica Lee** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

(561) 649-8200
Telephone #

CR2E034 (1/98)