

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000045224 (7)**
1. Corporation Name
INDSOL CORP.

Principal Place of Business
**9740 S.W. 72ND COURT
MIAMI FL 33156**

Mailing Address
**9740 S.W. 72ND COURT
MIAMI FL 33156**



APPROVED
AND
FILED

98 OCT 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0770021	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POLLER, NEALE ESQUIRE
550 BILTMORE WAY
SUITE 700
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSDEN, CLARENCE	1.2 NAME	
STREET ADDRESS	2254 NORTH U.S. 1	1.3 STREET ADDRESS	200002678742--2
CITY-ST-ZIP	FT. PIERCE FL 34950	1.4 CITY-ST-ZIP	-11/03/98-01031-021
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	****150.00 ****150.00
NAME	GREEN, LAWRENCE M	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9740 S.W. 72ND COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Michael Nickelsen
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1993 NW 178 Way
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Pembroke Pines, FL 33029-3050
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Lawrence M. Green** REQUIRED

10/5/98 305 667-3305

CR2E034 (10/97)



October 5, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn: Sean Toner

Re: 1998 Profit Corporation Annual Report

To Whom It May Concern:

Upon reviewing our files for this Corporation, we found, to our surprise and dismay, that the Annual Report had not been responded to at the appropriate time. Unfortunately, it arrived during a period of time that we had a temporary clerical person who filed this in the wrong file. (Fortunately she is no longer with us). This person was filling in for our Administrative Assistant who was being treated for breast cancer by surgery, radiation and chemotherapy. This Corporation has been inactive to this point. Last Friday the opportunity to provide services to county and state government agencies arose and in putting together the credentials required, we found the Corporation Annual Report packet misfiled. Your office was contacted this AM and it was suggested that we offer this letter of apology and the enclosed filing fee for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "L. M. Green", followed by a small mark that looks like "L.M.G." and a period.

Lawrence M. Green