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

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Aug 05 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 # P97000061563

1. Corporation Name
THE SOLUTIONS + STRATEGIES GROUP

Principal Place of Business: 11441 NW 39th ct Coral Springs. Fl 33065
Mailing Address: ~~3480~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3480 Coral Springs Dr
22 Suite, Apt. #, etc.
23 City & State: Coral Springs, FL
24 Zip: 33065 25 Country: Broward

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State:
29 Zip: 30 Country:

3. Date Incorporated or Qualified: July 14, 1997

4. FEI Number: 65-0765885 — 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

9. Name and Address of Current Registered Agent

Leonard Peel
11441 NW 39th ct
Coral Springs, Fl 33065

10. Name and Address of New Registered Agent

81 Name: Paula Klein
82 Street Address (P.O. Box Number is Not Acceptable): 3480 Coral Springs Dr.
83
84 City: Coral Springs FL 85 Zip Code: 33065

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Leonard Peel	
STREET ADDRESS	11441 NW 39th ct	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	V. President	☐ DELETE
NAME	Paula Klein	
STREET ADDRESS	3459 NW 60th Dr.	
CITY-ST-ZIP	Coral Springs, Fl 33067	
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	V. President	☑ Change ☐ Addition
1.2 NAME	Leonard Peel	
1.3 STREET ADDRESS	~~11441 NW 39th ct~~ 5459 NW 60th Dr.	
1.4 CITY-ST-ZIP	Coral Springs Fl 33067	
2.1 TITLE	President	☑ Change ☐ Addition
2.2 NAME	Paula Klein	
2.3 STREET ADDRESS	3480 Coral Springs Dr.	
2.4 CITY-ST-ZIP	Coral Springs, Fl 33065	
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		

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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] · Paula Klein 7/28/98 (954) 755-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #