2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # P970000 8 SOLF COMPANY, INC.	37075		May 10, 2000 8:00 am Secretary of State
Principal Place 450 ROYAL PAL 401 PALM BEACH F	M WAY	Mailing Address 450 ROYAL PALM WAY 401 PALM BEACH FL 33480-4104		
	ace of Business Windson Ad #, etc.	3. Mailing Address 2404 Winds Suite, Apt. #, etc.	or Rd	DO NOT WRITE IN THIS SPACE
City & State	Park 1 FC.	City & State Lake Park,	Fl.	4. FEI Number 65-0829477 Applied For Not Applicable
^{Zio} 3341		33410	Country A	5. Certificate of Status Desired
450 STE PALM	ER, W. MORGAN ESQ. ROYAL PALM WAY 401 M BEACH FL 33480	7-	City	
SIGNATURE _	Signature, typed or printed name of registered agent and	tritle if applicable. (NOTE: R	legistered Agent signatu	nature required when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550 Make Check Payable to Department				\$550.00 Trust Fund Contribution.
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, JOHN L 2404 WINDSOR RD LAKE PARK FL 33410	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	John L. Shaw
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JUSTINE, MATTHEW L 3119 FLORIDA MANGO RD LAKE WORTH FL 33410	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phonomethem b. Justine matthem b. Justine \$ 452! P.G. A. Blid., Ste 352 Palm Beach Gardons FL. 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
indicated of the cor changed,	i on this report or supplemental report is to poration or the receiver or trustee empoy, or on an attachment with an address, with the control of the contro	rue and accurate and that my vered to execute this report as	r elanatura enali r	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information II have the same legal effect as if made under oath; that I am an officer or director chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #				