


**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90012 025 \*\*\*150.00

09-09-1999 90001 025 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000080692</b> ✓					
1. Corporation Name <b>SOLAR INTERNET SYSTEMS, INC.</b>					
Principal Place of Business <b>54 SIMONTON CIRCLE</b> <b>FT LAUDERDALE FL 33326</b>			Mailing Address <b>54 SIMONTON CIRCLE</b> <b>FT LAUDERDALE FL 33326</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>09/14/1998</b>					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>65-0862208</b>	
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3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

65-0862208

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

9. Name and Address of Current Registered Agent

KALNAY, GEORGE C  
 54 SIMONTON CIRCLE  
 FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

954-349-9698

Date

Daytime Phone #

CR2E034 (11/98)