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 # P98000089596

SOLOMON INVESTMENT & MANAGEMENT GROUP, INC.

Principal Place of Busin
6451-A 19TH ST. E.
SARASOTA FL 34243

Mailing Address

6451-A 19TH ST. E. SARASOTA FL 34243

May 04, 1999 8:00 am Secretary of State

05-04-1999 90131 032 ***150.00



SARASUIA FL 34243		SARAGOTA TE GYETO		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 09/21/1998			
2. Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number		Applied For	
21		26			59-353-7654		Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-5Certifcate of Status Desired		Additional Required	
City & State	9	City & State		·	6. Election Campaign Financing	\$5.0	0 May Be	
23	•	28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible		
24	25		o ·		Personal Property Tax.	∐Yes	₩No	
24	9. Name and Address of Curren		-	-	10. Name and Address of New Registered	Agent		
	O. Halle dila . Labrada di Goli di		81	Name			· · · · ·	
SOLOMON, STACI L								
	OAK GROVE CIR.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34243			83					
OAIT	NOTA I E OTETO		03					
	•		84	City	FI	85 Zi	p 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		1075		nt signature required	when reinstating) DATE			
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
12.	D OFFICERS AN	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES 10 OF FIGURE A	Chang		
TITLE	. •	(L) 5000.1				_	_	
NAME	SOLOMON, STACI L		1.2 NAME				ĺ	
STREET ADDRESS	7916 OAK GROVE CIR.			TADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-5	T-ZIP		Chang	e Addition	
TITLE [D	DELETE	2.1 TITLE			Criang	le L'Addition	
NAME	SCHMIDT, RON E		2.2 NAME					
STREET ADDRESS	3608 36TH ST. E.		2.3 STREE	T ADDRESS			1	
CRY-ST-ZIP	-BRADENTON·FL-34208		2.4 CITY-	ST-ZIP				
TITLE	D	☐ DE LETE	3.1 TITLE			Chang	je 🗀 Addition	
NAME	SOLOMON, STEVEN P		3.2 NAME]	
STREET ADDRESS	7916 OAK GROVE CIR.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34234	•	3.4, CITY-	ST-ZIP				
TITLE	0.00	☐ DELETÉ	4.1 TITLE			☐ Chang	e	
NAME			4.2 NAME					
				T ADDRESS				
STREET ADDRESS							ļ	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	ii-ZIP		☐ Chang	e Addition	
TITLE		- Detell	5.1 THE 5.2 NAME					
NAME				T ADDRESS	•		1	
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-S	51-ZIP			In Elikabilian	
TITLE		☐ DELETE	6.1 TITLE			Chang	je 🗌 Addition	
NAME			6.2 NAME				J	
STREET ADDRESS			6.3 STREE	TADORESS			.	
1				1				

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.

ge.