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 #

(8)

SOLITAIRE CONSTRUCTION, INC.

FILED Apr 23 1998 8:00am Secretary of State



				<u> </u>	
Principal Place of Business Mailing Address				4 .001(0.0 .00 (1)))	liffit bratt gifti gibit fiffit ibfi
3161 RIDER PLACE 3161 RIDER PLACE					
ORLANDO FL 32817		ORLANDO FL 32817		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3 31 AGE
				02/07/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3048151	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29 3	10	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Cu		· 	10. Name and Address of New Registere	d Agent
AMUNDSON, RICK			81 Name		
3161 FIDER PLACE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	<u>-</u> .
ORLANDO FL 32817			oz Sireei Add	ress (F.O. Box Number is Not Acceptable)	
0100400 12 02011			83		•
				2.4	
•			84 City	F	85 Zip Code
11. Pursuant to 1/6 crovisions 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 repostered 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 and lamilar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
i	A 12-12-1		ua șiatules.	21	Inlaa
SIGNATURE	Signature, typed or printed name of registere	d aposit and to e it applicable (NOTE)	Registered Agent signature requ	ired when reinstating) DATE	11/20
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	7	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AMUNDSON, RICK		1.2 NAME		
STREET ADDRESS	3161 RIDER PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		Change Addition
NAME	AMUNDSON, DONNA		2.2 NAME		-
STREET ADDRESS	3161 RIDER PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
I					}
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
		EL DECEIL			
NAME CYDOCT ADDDESC			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Deterc	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DECETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		id with this filing does not qualify for	6.4 CITY-ST-ZIP		

Thereby certify that the information supplied with this filing does not quanty for the exemption stated in Section 119 D7(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplimental 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 this conformation 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 y phanged, or on in attachment with an address.

11/11/03