

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S59119** (5)

1. Corporation Name
SOLARIZATION, INC.

Principal Place of Business

**149 COCOA DRIVE
TAVERNIER FL 33070
US**

Mailing Address

**149 COCOA DRIVE
TAVERNIER FL 33070-2054
US**



2. Principal Place of Business

21 **228 BOUGAINVILLEA, ST.**

Suite, Apt. #, etc.

22 City & State

23 **TAVERNIER, FL.**

24 **33070**

Country

25 **U.S.**

2a. Mailing Address

26 **228 BOUGAINVILLEA, ST.**

Suite, Apt. #, etc.

27 City & State

28 **TAVERNIER, FL.**

29 **33070**

Country

30 **U.S.**

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

04/25/1996

4. FEI Number

65-0267780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**HOWARD, MICHAEL M
149 COCOA DRIVE
TAVERNIER FL 33070**

ADDRESS CHANGE

10. Name and Address of New Registered Agent

81 Name

(SAME)

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

228 BOUGAINVILLEA, ST.

83

84 City

TAVERNIER

FL

85 Zip Code

33070

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWARD, MICHAEL M	
STREET ADDRESS	149 COCOA DRIVE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LINDNER, BARBARA J	
STREET ADDRESS	88540 OVERSEAS HWY, 604	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOWARD, TALLY	
STREET ADDRESS	149 COCOA DRIVE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOWARD, MICHAEL M.	
1.3 STREET ADDRESS	228 BOUGAINVILLEA, ST.	
1.4 CITY-ST-ZIP	TAVERNIER, FL. 33070	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECK. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GIRKE TALLY	
3.3 STREET ADDRESS	228 BOUGAINVILLEA, ST.	
3.4 CITY-ST-ZIP	TAVERNIER, FL. 33070	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 (305) 852-2079

Date Daytime Phone #

CR2E034 (9/96)