## 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 #

S82503

(1)

SOLAR REY, INC.

FileD Feb 23 1998 8:00am Secretary of State

Princip	oal Place of Bu	siness	Mailing Address					
317 WHITEHEAD ST. KEY WEST FL 33040			317 WHITEHEAD ST. KEY WEST FL 33040			DO NOT WRITE IN THIS SP	ACE	
							3. Date Incorporated or Qualified 09/25/1991	
2. Principal Place of Business			2a. Mailing Addre	2a. Mailing Address			4. FEI Number	Applied For
21			26	26			65-0300090	Not Applicable
Suite, Apt. #, etc 22			27					\$8.75 Additional Fee Required
City & State			City & State	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the curre	~
24				30		Personal Property Tax due June 30. Yes No		
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
MORGAN, HUGH J. 317 WHITEHEAD ST. KEY WEST FL 33040				81 Name		Name		
				82 Street Add		Street	Address (P.O. Box Number is Not Acceptable)	
		_			83			
		•			84	City	FL	85 Zip Code
of	fice or register	or∮visions of Sections 607. ocangent, or both, in the S fiar with, and accept the of	tate of Florida. Such chanc	oo was autho	rized by	the corp	corporation submits this statement for the purpose of cooration's board of directors. I hereby accept the appoint	hanging its registered ntment as registered
SIGNA		n, typed or protect name of registere	district seed the March able	(NOTE: Book	islared Ane	nt Bignatura	required when reinstating) DATE	
12.	,	<del></del>	AND DIRECTORS		13.	arginatore	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE					1.1 TITLE	1	·	Change Addition
NAME W MORGAN, HUGH J.			1.2 NAME		_	<u> </u>		

317 WHITEHEAD ST. STREET ADDRESS 1.3 STREET ADDRESS **KEY WEST FL** CITY-ST-ZIP 1.4 CiTY-ST-ZiP DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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: Livel Mosa

CR2E034 (1097)