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Apr 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V00778** (3)  
1. Corporation Name  
**SOLOMON USA, INC.**

Principal Place of Business  
**277 N COLLIER BLVD  
MARCO ISLAND FL 33937**

Mailing Address  
**277 N COLLIER BLVD  
MARCO ISLAND FL 33937**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1991</b>	
21 <b>3185 Horseshoe Dr. S</b>		26 <b>3185 Horseshoe Dr. S</b>		4. FEI Number <b>74-2086540</b>	
Suite, Apt. #, etc. 22 <b>First Floor</b>		Suite, Apt. #, etc. 27 <b>First Floor</b>		Applied For Not Applicable	
City & State 23 <b>Naples, FL</b>		City & State 28 <b>Naples, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>34104</b>		Zip 29 <b>34104</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SOLOMON, A. JACK 277 N COLLIER BLVD MARCO ISLAND FL 33937</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3185 Horseshoe Drive South</b>	
				83 <b>First Floor</b>	
				84 City <b>Naples</b>	
				85 Zip Code <b>FL 34104</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOMON, A. JACK</b>	1.2 NAME	
STREET ADDRESS	<b>277 N. COLLIER BLVD.</b>	1.3 STREET ADDRESS	<b>3185 Horseshoe Drive South</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34104</b>
TITLE	STVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEIKH, SHEERIN</b>	2.2 NAME	
STREET ADDRESS	<b>5255 YONGE ST., STE 1100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLOWDALE, ONTARIO CANADA</b>	2.4 CITY-ST-ZIP	
TITLE	VASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOMON, CARY</b>	3.2 NAME	
STREET ADDRESS	<b>5255 YONGE ST., SUITE 1100</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLOWDALE, ONTARIO, CANADA</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*[Signature]*

4/1/98 (941) 649-6310

CR2E034 (10/97)