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

FILED May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V04451 (3)JOSEPH A. SOLLA, P.A. Principal Place of Business Mailing Address P.O. BOX 660004 % JOSEPH A. SOLLA P.O. BOX 661596 P.O. BOX 66-0004 DO NOT WRITE IN THIS SPACE MIAMI SPRINGS FL 33266 MIAMI SPRINGS FL 33266 3. Date Incorporated or Qualified 01/01/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0316724 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 ___ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOLLA, JOSEPH A. 143 WESTWARD DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 83 84 City 85 Zip 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Ringistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PST DELETE Change Addition TITLE 11 TITLE SOLLA, JOSEPH A. NAME 1.2 NAME 143 WESTWARD DRIVE STREET ADDRESS 13 STREET ADDRESS MIAMI SPRINGS FL CHY-S1-ZIP 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DETETE 31 TITLE Change TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 4 4 CiTY-ST-ZIP CITY - ST - 71P ☐ Addition DELETE Change TITLE 51300 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City-St-ZiP

does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information that is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filing indicated on this annual report or supplemental annual proficer or director of the coloration or the receiver or rus Block 12 or Block 13 if changed, or on an attaching exist. 30/98

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

☐ Addition

Change

DECEME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP