## 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 # V30613

(6)

SOAKIN' UP THE RAYS, INC.

Mailing Address

## FILED Apr 24 1998 8:00am Secretary of State



1 morpari iac	ce of Business	Mailing Address		s ander mirane erler maren alten brand vier Beftel didet Beare filler alfter fillet iffft
1305 JENMAJO LANE		P.O. BOX 2504. N/A		
LUTZ FL 3354 US	49	LUTZ FL 33549		DO NOT WRITE IN THIS SPACE
UŞ		US		3, Date Incorporated or Qualified
				04/20/1992
2. Principal P	Place of Business	2a. Halling Address		4. FEI Number Applied For
21 4450	o Foxwood Bluel	26 10 Box	228	<b>59-3118622</b> Not Applicable
Suite, Apt.	. #, <b>e</b> lc.	Suite, Apt. #, etc.		← \$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	by Chapal	24 Charley Ch	ppel	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
— <sup>უ</sup> ბი გ	Country	一プラム 12	Country 1	8. This corporation owes or has paid the current war Intangible
<u>24  ろうつ</u>	10  25 UD			Personal Property Tax due June 30. Yes No
<del></del>	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	OSA, RICHARD V.S.		o Name	
	14 CAPE CORAL PKWY.		82 Street Add	dress (P.O. Box Number is Not Acceptable)
CAI	PE CORAL FL		83	
			03	
			84 City	85 Zip Code
dd Durawaat	to the accelerate of Continue COZ DEOR			FL   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. I hereby accept the appointment as registered agent, I am familiar with, and ages upon obligations of Section 607,0505. Florida Statutes.				
agent. I a	im familia with, and acceptant obligat	ions of Section 607.0505. Flori	da Statutes.	11/2 /20
SIGNATURE	Signature, typid I organized marks of registered agent	Turdent	Credour	1 Klesius 4/20/48
12.	Signature, type II or printed name of registered agent OFFICERS AND		Registered Agent signature requests	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OF IDENTIFICATION	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	KLESIUS, GREGORY		1.2 NAME	C Outrige C Autritor
STREET ADDRESS	1305 JEMMA JO LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549			
TITLE	01211 33349	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			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				
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City-St-ZiP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		_	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		- <del>-</del> -	6.2 NAME	- I Marian
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	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
officer or	on this annual report or supplemental.	menual report is true and accur refor trustee empowered to ex	ate and that my signati	ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in