

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **V35671** (9)  
1. Corporation Name  
**SOLUNET, INC.**

Principal Place of Business Mailing Address  
**1591 ROBERT J CONLAN BLVD** **1591 ROBERT J CONLAN BLVD**  
**SUITE 100** **SUITE 100**  
**PALM BAY FL 32905** **PALM BAY FL 32905**  
**US** **US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 30

9. Name and Address of Current Registered Agent

**WERTHEIMER, HELEN**  
**991 SUNSWEPT**  
**SUITE 100**  
**32905BAY FL 32909**

3. Date Incorporated or Qualified

**05/11/1992**

4. FEI Number **59-3124086** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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 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	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>WETHEIMER, HELEN</b>	
STREET ADDRESS	<b>991 SUNSWEPT</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>WETHEIMER, MICHAEL</b>	
STREET ADDRESS	<b>991 SUNSWEPT</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1571 Robert J. Conlan Blvd Suite 110</b>
1.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>
2.1 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1571 Robert J. Conlan Blvd Suite 110</b>
2.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>
3.1 TITLE	<b>VP, CFO</b>
3.2 NAME	<b>Roger Chamberland</b>
3.3 STREET ADDRESS	<b>1571 Robert J Conlan Blvd Suite 110</b>
3.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>
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 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

FILED  
Aug 19 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)