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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V51416** (8)
1. Corporation Name
SOLUTIONS - MANUFACTURERS REPRESENTATIVES, INC.



Principal Place of Business
**1000 ASHLEY AVE.
INDIAN HARBOR BCH. FL 32937
US**

Mailing Address
**1000 ASHLEY AVENUE
INDIAN HARBOUR BEACH FL 32937-4227**

2. Principal Place of Business

21 **330 FIFTH AVE.**

Suite, Apt. #, etc.

22 City & State

23 **INDIAN ATLANTIC, FL.**

Zip

24 **32903**

Country

25 **USA**

2a. Mailing Address

26 **330 FIFTH AVE.**

Suite, Apt. #, etc.

27 City & State

28 **INDIAN ATLANTIC, FL.**

Zip

29 **32903**

Country

30 **USA**

3. Date Incorporated or Qualified
07/14/1992

3a. Date of Last Report
02/02/1996

4. FEI Number
59-3131944

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**POST, RICHARD W.
1000 ASHLEY AVE
SUITE 505
INDIAN HARBOUR BCH FL 32937**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Richard W. Post

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D POST, RICHARD W.**
STREET ADDRESS **1000 ASHLEY AVENUE**
CITY - ST - ZIP **INDIAN HARBOUR BCH FL**

TITLE ☐ DELETE
NAME **D ST. CLAIR, DAVID**
STREET ADDRESS **1000 ASHLEY AVENUE**
CITY - ST - ZIP **INDIAN HARBOUR BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PT POST, RICHARD W.**
1.3 STREET ADDRESS **330 FIFTH AVE.**
1.4 CITY - ST - ZIP **INDIAN ATLANTIC, FL.**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VS ST. CLAIR, DAVID**
2.3 STREET ADDRESS **330 FIFTH AVE.**
2.4 CITY - ST - ZIP **INDIAN ATLANTIC, FL.**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Richard W. Post
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD W. POST 2/5/97 407-676-9997

Date

Daytime Phone #

0104439

CR2E034 (9/96)