

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F58719 (8)**

1. Corporation Name
SOLAR DOOR COMPANY



Principal Place of Business Mailing Address
~~C/O ROBERT L. STONE 125 W. ROMANA, STE 800 PENSACOLA FL 32501~~ **RADOVANOV MILAN 1400 E 4TH ST AUSTIN, TX 78734**
~~C/O ROBERT L. STONE 125 W. ROMANA, STE 800 1400 E 4TH ST PENSACOLA FL 32501~~ **RADOVANOV MILAN AUSTIN, TX 78734**

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	3.	Date Incorporated or Qualified 12/16/1981	3a.	Date of Last Report 04/28/1995
22	City & State	27	City & State	4.	FEI Number 59-2176993	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STONE, ROBERT L.
125 W. ROMANA, STE 800
PENSACOLA FL 32501~~

DO NOT MAIL TO THIS ADDRESS

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 607.0506, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent is as follows if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	RADOVANOV, MILAN	1.2 NAME	RADOVANOV MILAN
STREET ADDRESS	125 W. ROMANA, STE 800	1.3 STREET ADDRESS	1400 E 4TH ST
CITY - ST - ZIP	PENSACOLA, FL 0	1.4 CITY - ST - ZIP	AUSTIN, TX 78734
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (12/95)