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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham /

	AL REPORT Secretary of Solvision of Corpo			of State			Secretary of State			
1. Corporation	MENT # S79 9 GEE CORP.	960 ((8)					a disk s iski sinoi	\$1811 81514 \$1841 \$1800 GIGHT	Substantial 1
Principal Place 5835 HOLLYWO HOLLYWOOD F US	OOD BLVD	Mailing Address 108 N. 28TH AVE. HOLLYWOOD FL 33020-4214								
							3. Date Incorporated o 09/12/1991	r Qualified	3a. Date of Last R 07/08/1996	eport
2. Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Number 65-0283426		Ar	oplied For of Applicable
Suite, April	#, elc	Suite, Ap	l. #, etc.				6. Certificate of Status	Desired	\$8.75	Additional
22	·	27 City & St.	ate				6. Election Campaign F	Inencina		May Be
23		28					Trust Fund Contribut			to Fees
Zip 24	25 29 30				itry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No			
	9. Name and Address of	Current Registered Age	nt		B1	NI	10. Name and Address	of New Re	gistered Agent	
	LER, MARK F.) Tyler street					Name				,
HOLLYWOOD FL 33020					82	Street Ad	dress (P.O. Box Number is N	ot Acceptab	ole)	
1102	211100011100010			Ī	B3			***************************************	***************************************	
				ļ	B4	City			FL 85 Zip	Code
SIGNATURE	to the provisions of Sections 6 egistered agont, or both, in th m familiar with, and accept th							ent for the p ereby accer		ts registered registered
12.	Signature hyped or providing a chirege OFFICE	RS AND DIRECTORS	(NOTE:	Registered .	Ager	t signature req	uired when reinstating) ADDITIONS/CHANGE	S TO OFFIC	DATE CERS AND DIRECTOR	RS IN 12
THE	PTD		DELETE	11701	.E				☐ Change	Addition
NAME	CIMINO, SAVERIO SAM			1.2 NAA	νŒ	-				
STREET ADDRESS	108 N 28TH AVE.			1.3 STA	IEET A	address				
CITY - ST - 74F	HOLLYWOOD FL		Therete	1.4 CIT		- ZIP			The Change	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Talle	VSD CIMINO, GIOVANA	L] DELETE	2.1 1111		1			Change	Addition
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City-ST ZIP			DELETE	5 4 CIT		- ZIP			Change	☐ Addition
NAME		C.	" perrit	6.1 TITU 6.2 NA					L.J Glange	L AUUIIUII
NAME STREET ADDRESS						address				
CITY - S1 - 70P				6.3 ST		ì				

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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 02 1997 8:00am