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 # G33383 (2)

1. Corporation Name
SILINA, INC.

Principal Place of Business	Mailing Address
FOUR SANGRASS VILLAGE SUITE 110 PONTE VEDRA BEACH FL 32082 US	P.O. BOX 1936 PONTE VEDRA BEACH FL 32004 US

2. Principal Place of Business (21) 201 ATP TOUR BLVD	2a. Mailing Address (26)
Suite, Apt. #, etc. (22) # 162	Suite, Apt. #, etc. (27)
City & State (23) PONTE VEDRA BEACH, FL.	City & State (28)
Zip (24) 32082 / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 04/12/1983	3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-2395382	☐ 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

BOETTCHER, JUERGEN
~~4 SANGRASS VILLAGE~~
~~STE 110~~
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 201 ATP TOUR BLVD # 162
83 SUITE 162
84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required if filing or reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOETTCHER, JUERGEN		1.2 NAME		
STREET ADDRESS	~~4 SANGRASS VILLAGE 110~~		1.3 STREET ADDRESS	201 ATP TOUR BLVD # 162	
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP	P.V.B. FL 32082	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOETTCHER, INGRID		2.2 NAME		
STREET ADDRESS	~~4 SANGRASS VILLAGE 110~~		2.3 STREET ADDRESS	201 ATP TOUR BLVD # 162	
CITY-ST-ZIP	PONTE VEDRA BCH FL		2.4 CITY-ST-ZIP	P.V.B. FL. 32082	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: JUERGEN BOETTCHER 04/26/96 904-280 9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #