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Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J42051 (9)
1. Corporation Name
ROBERT HENRY SILVERS, CERTIFIED PUBLIC ACCOUNTANT
T, P.A.



Principal Place of Business Mailing Address
~~O/O HUGHES SILVERS & GLASSMAN~~ O/O HUGHES SILVERS & GLASSMAN
1140 KANE CONCOURSE 5TH FLOOR 1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154-2045
US US

3. Date Incorporated or Qualified 11/05/1986
3a. Date of Last Report 03/21/1996

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

4. FEI Number 59-2731829 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
SILVERS, ROBERT HENRY
~~O/O HUGHES SILVERS & GLASSMAN~~
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLANDS FL 33154
→ Please Delete this line

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
DP	SILVERS, ROBERT HENRY	<input type="checkbox"/>
STREET ADDRESS	1140 KANE CONCOURSE 5TH FLOOR	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2				
1.3				
1.4				
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				
2.3				
2.4				
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				
3.3				
3.4				
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				
4.3				
4.4				
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				
5.3				
5.4				
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				
6.3				
6.4				

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: *Robert Silvers* Robert Silvers 1/18/97 305-864-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)