

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JANORA B. MURPHY  
Secretary of State  
TALLAHASSEE, FLORIDA 32399-0400

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N49765** (3)

95 MAY -1 AM 8:05

**SILVER LAKES INDUSTRIAL PARK PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business: **BARNETT BANK PLAZA  
1 E. BROWARD BLVD., SUITE 1101  
FT. LAUDERDALE FL 33301**

Mailing Address: **BARNETT BANK PLAZA  
1 E. BROWARD BLVD., SUITE 1101  
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1992**      3a. Date of Last Report: **03/22/1994**

4. FEI Number: **59-3171412**      Applied For:  Not Applicable:

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

6. Election Campaign Financing/Trial Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

3. Suite Apt # etc: **22**      3a. Suite Apt # etc: **27**

4. City & State: **23**      4a. City & State: **28**

5. Zip: **24**      5a. County: **25**      5b. Zip: **29**      5c. Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES OF CENTRAL FLORID  
1051 WINDERLEY PLACE  
4TH FLOOR  
MAITLAND FL 32751**

B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ FL B5 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0507 and 607.1109, 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: \_\_\_\_\_ (Signature of Registered Agent)      \_\_\_\_\_ (Signature of Registered Agent)      \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	HORVITZ, WILLIAM D.
12.3 STREET ADDRESS	1 E. BROWARD BLVD.
12.4 CITY, ST, ZIP	FT. LAUDERDALE FL
12.5 TITLE	D
12.6 NAME	BAKER, VIRGINIA J.
12.7 STREET ADDRESS	1 E. BROWARD BLVD.
12.8 CITY, ST, ZIP	FT. LAUDERDALE FL
12.9 TITLE	D
12.10 NAME	GIORDANO, DENNIS J.
12.11 STREET ADDRESS	2 OAKWOOD BLVD., #120
12.12 CITY, ST, ZIP	HOLLYWOOD FL
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS (SEE 12)

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

**REMITTED BY MAY 1**

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 110.07(3)(B), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. Do not sign appointment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William D Horvitz**

11 200-612 (305) 352-3477