

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49765 (3)
1. Corporation Name
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 33301-1842
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3. Date Incorporated or Qualified 07/01/1992	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 Suite, Apt. LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301	2a. Mailing Address 26 Suite, Apt. LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301
23 Zip 33301	25 Country
24 Zip 33301	29 Country

4. FEI Number 59-3171412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**B & O CORPORATE SERVICES OF CENTRAL FLORID
1051 WINDERLEY PLACE
4TH FLOOR
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
81 Name **HORVITZ, WILLIAM D.**
82 Street Address (P.O. Box Number is Not Acceptable)
LAS OLAS CENTRE
83 **450 EAST LAS OLAS BOULEVARD, #900**
84 **FORT LAUDERDALE, FLORIDA 33301** **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HORVITZ, WILLIAM D.
STREET ADDRESS	1-E BROWARD BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAKER, VIRGINIA J.
STREET ADDRESS	1-E BROWARD BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GIORDANO, DENNIS J.
STREET ADDRESS	2 OAKWOOD BLVD., #120
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	LAS OLAS CENTRE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	450 EAST LAS OLAS BOULEVARD, #900
1.3 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301
1.4 CITY-ST-ZIP	
2.1 TITLE	LAS OLAS CENTRE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	450 EAST LAS OLAS BOULEVARD, #900
2.3 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035391

CR2E037 (9/96)