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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000003827

1. Corporation Name SILVIO SZILVE: INC.

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90046 040 ***150.00



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Principal Place	of Business		Mailing Address				 _	- { ·	(1 00 ())	eas sea sinsa	aria da ar d a	ĀILI BULL DE PL	1 20100 (11 0) (01	in illen inne (1946)	
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2 Principal Pl	lace of Business	- -	2a. Mailing Add	iress					El Numbe		.			pplied For	1
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Suite, Apt.	#. etc.		Suite, Apt. #	#, etc.									\$8.75	Additional	1
22			27					5. Ce	ertificate d	of Status	Desired		, Fee_F	lequired 🗻	j
City & State	e ,		City & State	9				6. Ek	lection Ca	ampaign l	Financing		\$5.00	May Be	}
23		j	28					Tr	rust Fund	Contribu	ition	. <u> </u>	Added	to Fees	_
Zip	Coun	try	Zip		Cou	intry		8. Th	his corpo	ration ow	es the curi	rent year h	ntangible		
24	25		29	•	30			Pe	ersonal P	roperty T	ax.		Yes	□No	
	9. Name and Add	ress of Current R	egistered Agent					10. Na	ame and	Address	s of New I	Registere	Agent		4
						81	Name	•				,			
	10, NANCY					82	Street Ad	dress (P.O.	Boy Nu	mher is N	ot Accept	able)			1
	PLEASANT DR.						Oli COL AG		. GOX IVO						_
JUN	O BEACH FL 3340	3				83]
						-	C:b:						85 Zir	Code	
		ž.				84	City					F	L °3 -"	Code	1
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11. Pursuant	to the provisions of Se	ections 607.0502 at	nd 607.1508, Flor	rida Statute	es, the a	bove-	named co	orporation si	ubmits th	is statem	ent for the	purpose o	of changing i	a registered	1
office or re	to the provisions of Se egistered agent, or bo	th in the State of F	Florida Such char	nge was al	uthorized	d by th	пе согрога	orporation si ation's board	d of direc	is statem ctors. I he	ent for the reby acce	purpose of the app	of changing i ointment as i	egistered	
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14. I 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

561-627-7528