

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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95 MAY -1 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/03/95--01039--015  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P94000040806  
1. Corporation Name

G.L. BONES OF SILVER LAKES XXI CORPORATION

Principal Place of Business: 1401 University Drive Suite 200 Coral Springs, FL 33071  
Mailing Address: 1401 University Drive Suite 200 Coral Springs, FL. 33071

3. Date Incorporated or Qualified: May 31, 1994  
3a. Date of Last Report: N/A  
4. FEI Number: 65-0497293  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country  
24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent  
Itzhak Ezratti  
1401 University Drive  
Suite 200  
Coral Springs, FL. 33071

10. Name and Address of New Registered Agent  
81 Name: Mark P. Grant  
82 Street Address (P.O. Box Number is Not Acceptable): 200 East Broward Blvd, 15th Floor  
83  
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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 607.0605, Florida Statutes.

SIGNATURE: *Mark P. Grant* DATE: 4/28/95  
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS  
TITLE: Director/President  
NAME: Itzhak Ezratti  
STREET ADDRESS: 1401 University Dr., Ste 200  
CITY - ST - ZIP: Coral Springs, FL. 33071  
TITLE: V.P./ Asst. Secy.  
NAME: Alan J. Fant  
STREET ADDRESS: 1401 University Drive, Ste 200  
CITY - ST - ZIP: Coral Springs, FL. 33071  
TITLE: V.P./Treasurer  
NAME: Richard A. Costello  
STREET ADDRESS: 1401 University Dr., Ste 200  
CITY - ST - ZIP: Coral Springs, FL. 33071  
TITLE: V.P.  
NAME: Richard M. Norwalk  
STREET ADDRESS: 1401 University Drive  
CITY - ST - ZIP: Coral Springs, FL. 33071  
TITLE: Secretary  
NAME: Moshe Ezratti  
STREET ADDRESS: 1401 University Dr., Ste 200  
CITY - ST - ZIP: Coral Springs, FL. 33071

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE: Change Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE: Change Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE: Change Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE: Change Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE: Change Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE: Change Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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

SIGNATURE: *Richard M. Norwalk* DATE: 4-26-95 (305)753-1730  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type or Print Name)

Richard M. Norwalk, V.P.