FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$59187

(2)

SILVA THOMAS MANAGEMENT, INC.

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FILED
Jan 20 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address			-		- I I BONCONO 381 01110 \$\$100 \$1001 1001 45351 01951 01011 01011 01011 21011 1021		
· ·							
105 SOUTH NARCISSUS AVE		105 SOUTH NARCISSUS AVE					
SUITE 602 WEST PALM BEACH FL 33401		SUITE 602 WEST PALM BEACH FL 33401		DO NOT WRITE	IN THIS SPACE		
MESI PALM	BERCH FL 33401	WEST PALM BEACH FL 33401			3. Date Incorporated or Qualified	. IIV THIS OF AGE	
					06/10/1991		
2. Principal P	lace of Business	2a. Mailing Address	:		4. FEI Number		Applied For
21		26		65-0274894		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Contillants of Status Banks d	□ \$8.7°	5 Additional	
22		27		5. Certificate of Status Desired	Fee	Required	
City & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be	
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	· ·· · · · · · · · · · · · · · · · · ·	8. This corporation owes or has pa		
24	25		<u> </u>		Personal Property Tax due June	,,	□ No
241	g. Name and Address of Current		1		10. Name and Address of New Re		
SCHWENCKE, KERRY R.				Name	10	B.111111111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·
			81	, (0)			
	45 PALM BEACH LAKES BLVD		82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
	ITE 290		83				
VAL	EST PALM BEACH FL 33401		"				
			84				ip 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							 :
	Signature, typed or printed name of registered ager		<u>. — </u>	ent signature req	ruired when reinstating)	DATE	ODC NI 40
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chance Chance	
TITLE	_	DELETE	1.1 TITLE				le T Vograni
NAME	THOMAS, SUSAN		1.2 NAME				
STREET ADDRESS	105 S NARCISSUS AVE		1.3 STREE	T ADDRESS		1	
CITY-ST-ZIP			1.4 CITY -:	ST-ZIP			
TITLE	D DELETE		2.1 TITLE			☐ Chang	ge 📙 Addition
NAME	THOMAS, NORMAN		2.2 NAME			•	-
STREET ADDRESS	105 S NARCISSUS AVE		2.3 STREE	T ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL		2. 4 CITY-	ST-7IP			-
TITLE	S	DELETE	3.1 TITLE	0, 2	· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
NAME	GLAYAT, DARLENE		3.2 NAME				
1	105 S NARCISSUS AVENUE	¥en2					
STREET ADDRESS		rvva	3.3 STREE				
CITY-ST-ZIP	WEST PALM BEACH FL	[-7]	3.4. CITY-	ST-ZIP			1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE		DELETE	4.1 TITLE			Chang	ge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREE	T ADDRESS			.
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		-	☐ Chang	je 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5,3 STREE	r address			.` '
CITY-ST-ZIP			5.4 CITY-3	- 1			
TITLE		☐ DELETE	6.1 TITLE			Chang	ge
NAME			6.2 NAME	1		_	
				T ADDRESS			
STREET ADDRESS							• '
CITY-ST-7IP			6.4 CITY-5	SI-ZIP 1			

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 empewered 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:

E DE JUIREC

15/97 561 659-5554

CR2E034 (10/97)