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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S59187

SILVA THOMAS MANAGEMENT, INC.

<u> </u>
Principal Place of Business
105 SOUTH NARCISSUS AVE
SUITE 602
WEST PALM BEACH FL 33401

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90057 013 \*\*\*150.00



Principal Place	of Business	Mailing Address				1			
105 SOUTH NARCISSUS AVE 105 SOUTH NARCISSUS AV									
SUITE 602 SUITE 602				DO NOT WRITE IN			DITE IN THE	COACE	
WEST PALM BEACH FL 33401 . WEST PALM BEACH FL 334								SPACE	
	* * * * * * * * * * * * * * * * * * * *					3. Date Incorporated or Qualifo 06/10/1991	<del>)</del> 0		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apı	olied For
21		26				65-0274894		Not	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22	, 0.00	27				5. Certificate of Status Desired		Fee Re	quired
City & State	Δ	City & State				6. Election Campaign Financir	na	\$5.00	May Re
¬ • · · · · · · · · · · · · · · · · · ·			•			. Trust Fund Contribution	, <del>a</del> 🗆	Added to	
<b>23</b>   Zip	Country Zip			trv		8. This corporation owes the c	urrent year in		
<del></del>				Country  8. This corporation owes the current year Personal Property Tax.					□No
24	25		30			10. Name and Address of New	w Registered		
	.9. Name and Address of Curren	it Registered Agent	9	B1	Name	10. Name and Address of Re-	n ivagiator <u>aa</u>	Agont	· · · ·
∴ cCH	WENCKE, KERRY R.		ľ	٠, ا	Namo				
	PALM BEACH LAKES BLVD		8	B2 S	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		"
			L				. (5) 11# 149 c	94**8 @ 13***	(5) 4 (5) 5 (1 1 2 1 5) (5) 4 (5) 5 (5) 5 (7 1 1 5)
	E 290		8	B3					
WES	T PALM BEACH FL 33401		-	B4 (	O:4.		3 1777 S.J 3521*	85 Zip C	Ode: (83)
					City	•	FL	'	. ]
44 Purellant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	s. the abo	ove-n	amed corpo	pration submits this statement for t	he purpose o	f changing its	registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida: Such change was autions of, Section 607.0505, Florida	thorized t da Statut	by the	e corporatio	on's board of directors. I hereby ac	cept the appo	intment as req	jistered
SIGNATURE									<u></u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			Registered A	gent si	gnature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	D	· DELETE	1.1 TITL	E	ł			Change	☐ Addition
NAME	THOMAS, SUSAN		1.2 NAM	4E	1	•			
STREET ADDRESS	105 S NARCISSUS AVE		1.3 STRI	EETAL	DDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY	/-ST-7	np				
TITLE	D	☐ DELETE	2.1 TITLE				**	☐ Change	☐ Addition
	THOMAS, NORMAN	_	2.2 NAM			•			•
NAME	105 S NARCISSUS AVE			_		. "			
STREET ADDRESS		·	2.3 STRI						
CITY-ST-ZiP	WEST PALM BEACH FL		2. 4 CIT		ZIP.			Change	Addition
TITLE STATE	S. mar vice of	☐ DELETE	3.1 TITL	E					
NAME -	GLAYAT, DARLENE	C DCLL.C							
STREET ADDRESS			3.2 NAM	ΛE					ş
والمنافقة المراجعة	_105 S NARCISSUS AVENUE #		3.2 NAM 3.3 STRI		DDRESS	9,5 4 7 7 2		5 T 1 S A 2 T S 1 S 2 A 3 T S 2 T S 1 S 2 T S 2	STATES
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TITLE	WEST PALM BEACH FL	602	3.3 STRI 3.4. CIT	EET AC Y-ST-7 E			10 10 10 10 10 10 10 10 10 10 10 10 10 1	Change	Addition
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14. 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 reports 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 fusted 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 adachment with an address, with all other like empowered.

SIGNATURE