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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G54547

(6)

SILVER BUILDERS, INC.

SIGNATURE:

| Principal Place of Business Mailing Address 3109 STIRLING ROAD 3109 STIRLING ROAD | | | | | | | | | | |
|---|--|---|--------------------------------------|--|-----------------------|--|---|--|---|----------------|
| #200 | LE F1 00000 | #200 | #200 FT. LAUDERDALE FL 33312-6558 | | | | | | | 1 |
| FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 3331 | | | | :0308 | | 3. Date Incorporated or Qualified 08/18/1983 38. Date of Last Report 04/29/1996 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | Applied For | | | |
| 21 | | 26 | | | | 59-2316953 | | | ot Applicable | |
| Suite, Apt. + | #, €l¢. | Suite, Apt. #, etc. | | | | Certificate of Status Desired | | | | |
| 22 | | 27 | | | | Fee Required | | | | |
| City & State |) | City & State | | | | 6. Election Campaign Financing | (m) | \$5.00 | | |
| 23 Zip | Country | Zip | Cou | intry | | Trust Fund Contribution | <u> </u> | | to Fees | - |
| 24 | | | 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | | |
| | 9. Name and Address of Curren | | 1001 | | | 10. Name and Address of New Re | | | | - |
| | LANDER, WALTER J | | | 81 Nam | e | | | | | 7 |
| |) N 42ND AVE. | | | 82 Stre | al Addre | ss (P.O. Box Number is Not Acceptal | ole) | ······································ | | - |
| HUL | LYWOOD FL 33021 | | | 83 | | | | | <u> </u> | 4 |
| | | | | | | | | | | |
| | | | | B4 City | | | FL | 85 Zip (| Code |] |
| office or re | o the provisions of Sections 607.050; eg-stered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such chance was | authorize | d by the c | ed corpo orporatio | oration submits this statement for the ports board of directors. I hereby acce | ourpose o pt the app | f changing it pointment as | s registered registered | |
| | Signature, typical or printed name of registered age | | | d Agent signal | ure required | d when reinstating) | DATE | | |]_ |
| 12. TITLE | OFFICERS AND | DELETE DELETE | 13. | 71.5 | | ADDITIONS/CHANGES TO OFFIC | ERS ANI | | | - 8° |
| NAME | HOLLANDER, DAVID G. | (| 1.1 TI 1.2 N | | | | | ☐ Change | Addition | CR2E034 (9/96) |
| STREET ADORESS | 3109 STIRLING RD #200 | | | rnic Treet addres | ا | | | | | 8 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | | | ITY-S7-ZIP | <u> </u> | | | | | 띯 |
| TITLE | D | ☐ DELETE | 2.1 Ti | | | | ···· | Change | Addition | ⊣Ե |
| NAME | HOLLANDER, DAVID G. | | 2.2 N/ | AME | | | | | | |
| STREET ADDRESS | 3109 STIRLING RD #200 | | 2.3 \$1 | TREET ADDRES | s | | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | | | ITY-ST-ZIP | | | · | | | |
| TITLE | P WALTED I |] DELETE | 3.1 T/ | | | | | Change | ☐ AddItion | |
| NAME CYPSEY ADERSON | HOLLANDER, WALTER J. 4100 N 42ND AVE | | 3.2 N/ | | _ | | | | | |
| STREET ADDRESS CITY-ST-ZIP | HOLLYWOOD FL | | | FREET ADDRES | S | | | | | |
| TITLE | 114-2111446 2 | DELETE | 3.4. C | TY-ST-ZIP | + | | | Change | Addition | + |
| NAME | | tend exercit | 4. 2 N | | | | | Unungo | tend reducion | |
| STREET ADDRESS | | | | freet addres | s | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST-Z#P | | | | | | |
| TITLE | | DELETE | 5.1 Ti | TLE | | | | Change | Addition | 1 |
| NAME | | | 5.2 N/ | AME | | | | | | |
| STREET ADDRESS | | | 5.3 \$1 | treet addres | s | | | | | |
| CITY-ST-ZIP | We was all a second and a second a second and a second an | | 5.4 C | TY-ST-ZIP | | | · | | | |
| TITLE | | L_J DELETE | 6.1 T) | | | | | Change | Addition | |
| NAME. | | | 6.2 N/ | | | | | | | |
| STREET ADDRESS | | | | TREET ADDRES | s | | | | | |
| CITY-ST-ZIP 14. I do hereb | or certify that the information concline | t with this filing does not avail | 6.4 Cl | TY-ST-ZIP | ctated: | n Contion 110 07/2VIV Florida Cont. | n 14 | e noutified at | th.a. | 4 |
| Information I am an of appears in | of Commy that the militration supplied in indicated of this annual report or s ficer or director of the comperation of a Block 12 of Block 13 (dhangad, g) | upplemental ampual report is The reveiver of irruttee empoy on an ayactiment with an ag | true and a wered to a dress | exemption accurate a execute thi | nd that n s report | in Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S | s. i turine al effect a Statutes; a | i certify that s if made und and that my n | in e der oath; thai iame | t |

2.6.97

954-962-9700