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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # MREADQ



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90148 008 ***150.00

1. Corporation	Name IVIOJ403	,							
SILVER F	PINES REAL ESTATE CORP	_							
OILTEIT !	MED HERE COUNTY OF THE					\$ 100110011 101 10101 0111 0110 01011 01	HA IEH AITH I		ANI
Principal Place of Business Mailing Address							II) O TOTAL OF OUR OF	Bili Militi Albili Al	0 11 0 2011 1007
3109 STIRLING ROAD 3109 STIRLING ROAD									
SUITE 200 SUITE 200						TO HOT WINTE IN THE ORACE			
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						06/14/1988			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			olied For
21		26				65-0060303		 _	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A Fee Red	
22 27 27 27 27 27 27 27 27 27 27 27 27 2									
City & State City & State						6. Election Campaign Financing \$5.00 May Be Added to Fees			
23 Zin				ıtry		This corporation owes the current year Intangible			
Zip	25 29 30			,		Personal Property Tax.			□No
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
	5. Name and Addition of Culture	t riogiotorou rigoni		81	Name				
HOLLANDER, WALTER J									
3109 STIRLING ROAD			ì	82	Street Addre	ess (P.O. Box Number is Not Accept	anie)		ĺ
SUITE 200			ŀ	83					
FT. LAUDERDALE FL 33312			ļ						\d_
			1	84 City			FL	85 Zip C	ode
11 Dureuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es, the ab	ove-	named corpo	oration submits this statement for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by th	ne corporatio	n's board of directors. I hereby acce	pt the appoi	ntment as req	gistered
agent. I ai	m familiar with, and accept the obliga	lions of, Section 607.0505, Fic	nua Statu	ics.					
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE	: Registered	Agent :	signature required	I when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	Р	DELETE 1.1		LE				☐ Change	☐ Addition
NAME	ACKERMAN, BRAD	1.2 N		ME					
STREET ADDRESS	3108 STIRLING RD SUITE 200			REETA	NDDRESS				}
CITY-ST-ZIP	FT LAUDERDALE FL 33312 140		1.4 CIT	Y-\$T-	ZIP				
TITLE	DV	☐ DELETE	2.1 TIT	LE				Change	☐ Addition
NAME	HOLLANDER, WALTER J	2.2 N		MΈ					
STREET ADDRESS	·		2.3 \$T	REET A	ADDRESS				}
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CF	TY-ST-	- ZIP	<u> </u>			
TITLE			3.1 TIT	LE		· · · · · · · · · · · · · · · · · · ·		Change .	Addition
NAME	HOLLANDER, WALTER J.		3.2 NAMI		Ì				
STREET ADDRESS	3109 STIRLING RD #200		3.3 STR		ADDRESS				
CITY-ST-ZiP	FT LAUDERDALE FL			TY-ST-	-ZIP				
TITLE	С	☐ DELETE	4.1 TIT	LE	1			Change	Addition [
NAME	HOLLANDER, DAVID G		4. 2 NA	ME					1
STREET ADDRESS	3109 STIRLING RD SUITE 200		4 3 ST	REET	ADDRESS			•	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	<u> </u>	4.4 CIT	Y-ST-	ZIP				
TITLE	·	☐ DELETE	5.1 TIT		}			Change	☐ Addition
NAME			5.2 NA				•		[
STREET ADDRESS			1		ADDRESS				ļ
CITY-ST-ZIP			5,4 CI		ZIP				
TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition
NAME			6 2 NA	ME					}
STREET ADDRESS			6.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CD	Y-ST-	ZIP				

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 of true reports of the corporation or the receiver of true relieved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed of on an attachment with all other like empowered.

SIGNATURE:

D THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-5-99

954-962-9700

Daytime Phone #