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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 363944

SILVERMAN & CO., INC. :.

Principal Place of Business

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90060 031 ***150.00

FILED



STE. 123	SUM PLACE			STE. 123	INDUM PUICE						
STUART FL 34994		STUART FL 34994					DO NOT WRITE IN THIS SPACE				
JONES IC DA			<u> </u>	a t- 4 -	مان المان الم المان المان ا			3. Date incorporated or Qualifed			
			≠ [']		•			05/12/1970			
				Da Adaillaa	Address	•		4. FEI Number Applied	Eos.		
2. Principal P	sace of Bus	ness	: · .⊢	2a. Mailing ⊐	Address						
21:	11.4	<u> </u>	2					59-1321091 Not App			
Suite, Apt.	#, etc.	D. Medi	- L	Suite, A	pt. #, etc.	· .		5. Certificate of Status Desired \$8.75 Addition			
22			2	7	<u> </u>			ree Required	d ·		
City & Stat	e		City & State					6. Election Campaign Financing \$5.00 May Be			
23		28						Trust Fund Contribution Added to Fee	s		
Zip	- :	Country		Zip	Zip Country			8. This corporation owes the current year Intangible			
24	. :	25	2		30						
<u> </u>	9 Nam	e and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
·	J. 140111	and Address c		giotorou rig	,011	81	Name				
SILV	ERMAN, A										
		BOR PLACE	. t			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
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210	ART FL 34	1994	;			83	·				
						84	City	85 Zip Code	10 101		
1.		; ;				-	City	- FL	ļ		
.11. Pursuant	to the prov	sions of Sections	607.0502 and	607.1508:	Florida Statutes.	the above	e-named co	corporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as register	tered		
office or r	egistered a	gent, or both, in t	he State of Flo	orida. Such	change was auth	orized by	the corpora	ration's board of directors. I hereby accept the appointment as register	ed		
សុខ្លា agent. Fa	m familiar y					a Statutes		and in loa	ł		
SIGNATURE			HU	<u>10 01</u>	LVERMAN	<u> </u>		quired when reinstating) () () () () () () () () () (
40	Signature, type	d or printed name of rec	· · · · ·		(NOTE: Re	distered Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	u 12		
.12.	1	UFFIC	CERS AND DI	RECTURS	☐ DELETE				Addition		
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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 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/99 (56) 692 - YZZ9

CR2E034 (11/98)