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 # F11766

(5)

NORMAN J. SILBER, P.A.

N. WA

FILED
Jan 15 1998 8:00am
Secretary of State



| Principal Plac | e of Business | Mailing Address | | | T HERSTON SINGS INDER THREE TORING DISTOR BITTI BIRTIN BIRTIN BIRTIN BIRTIN BIRTIN BIRTIN BIRTIN BIRTIN BIRTIN |
|---|---------------------------------------|------------------------------------|---------------------|--------------|--|
| 201 8. BISCAYNE BLVD. 22ND FLOOR | | 201 S. BISCAYNE BLVD. | | | |
| | | 22ND FLOOR | | | DO NOT WRITE IN THIS COACE |
| MIAMI FL 33131 | | MIAMI FL 33131 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| | | | | | 01/02/1981 |
| 2. Principal P | lace of Business | 2e. Mailing Address | 2a. Mailing Address | | 4. FET Number Applied For |
| 21 | | 26 | | | 59-2048349 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | SR 75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zψ | Countr | У | 8. This corporation owes or has paid the current year Intangible |
| 24 25 | | | 30 | | Personal Property Tax due June 30. 🔀 Yes 🗌 No |
| 9. Name and Address of Current Registered Agent SILBER, NORMAN J 81 Name Name | | | | | |
| | | 0 | Name | | |
| 201 S. BISCAYNE BLVD. | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) |
| 22ND FLOOR | | | 83 | | |
| MIA | AMI FL 33131 | | 63 |] | |
| | | | 84 | City | 85 Zip Code |
| FL 10 2.7.4 GO | | | | | |
| 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, typod or printed name of registered agent and little if applicable (NO11 Registered Agent signature requires when reinstating) DATE | | | | | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELFTE | 1.1 TITLE | | Cnange Addition |
| NAME | SILBER, NORMAN J | | 1.2 NAME | | |
| STREET ADDRESS | 201 S. BISCAYNE BLVD. | | 1.3 STREE | 1 ADORESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 1.4 CITY - | ST-ZIP | |
| TITLE | | DELETE | 2 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2 4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 33 STREE | ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-7iP | | |
| TITLE | | DELETE | DELETE 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4 3 STHEF | ADDRESS | |
| CITY-ST-ZIP | <u> </u> | | 4.4 CITY - | S1 - ZIP | |
| TITLE | | L DELETE | 5 1 1HLF | | Change L Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREE | ADDRESS | |
| CITY-ST-ZIP | | T process | 5 4 CITY-ST-7IP | | |
| TITLE | | ☐ DELETE | 6 1 TITLE | | L_J Change L_J Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | | FADDRESS | |
| CITY-ST-ZIP | partify that the information amounted | with this bline does not small. Co | 6.4 CHY- | | Nin Spelion 119 07/3)(A. Florida Statutos Hutber code that the internation |
| 14. I hereby cartify 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, or on an attachment with an address. | | | | | |
| Block 12 of Block 13 if changed, or on an attachment with an address. | | | | | |