

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F19717 (0)

1. Corporation Name  
SILVERMAN & REIMER, P.A.



Principal Place of Business 3184 S. CONGRESS AVE. PALM SPRINGS FL 33461	Mailing Address 3184 S. CONGRESS AVE. PALM SPRINGS FL 33461-2552
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3. Date Incorporated or Qualified 02/13/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 3047 Forest Hill Blvd Suite, Apt. #, etc. 42 City & State West Palm Beach FL Zip 33406 Country U.S.	2a. Mailing Address 26 3047 Forest Hill Blvd Suite, Apt. #, etc. 42 City & State West Palm Beach FL Zip 33406 Country U.S.	4. FEI Number 59-1952696	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent REIMER, BRIAN 3184 S. CONGRESS AVE. PALM SPRINGS FL 33461	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3047 Forest Hill Blvd 83 Suite 42 84 City West Palm Beach FL 85 Zip Code 33406
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMER, BRIAN	1.2 NAME	
STREET ADDRESS	3184 S. CONGRESS AVE.	1.3 STREET ADDRESS	3047 Forest Hill Blvd
CITY-ST-ZIP	PALM SPRINGS FL	1.4 CITY-ST-ZIP	West Palm Beach FL 33406
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, STEVEN	2.2 NAME	
STREET ADDRESS	3184 S. CONGRESS AVE.	2.3 STREET ADDRESS	3047 Forest Hill Blvd
CITY-ST-ZIP	PALM SPRINGS FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33406
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0328081

CR2E034 (9/96)