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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

appears in Block 12 or

SIGNATURE:

ock 13

SIGNATURE AND TYPED OR

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytima Phone #

F94000004256 (3)

## SILVERWOOD DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address 10f LAKEVIEW DR. 101 LAKEVIEW DR. MORGANTOWN WV 26506 MORGANTOWN WV 26505 3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/1994 03/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26801 UNO LAGODAUC 52-1681573 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 KH, FC ズンNO Trust Fund Contribution Zip Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 340F 30 PALM BEA Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POPE, KIMBERLY D 82 2357-A GREENGATE CIR. WEST PALM BEACH FL 33415 84 Cita 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. NOTE: Registered Agent aignature required when reinstating 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE. 1. 1 TITLE Change Addition SOLOMON, J C II NAME 1.2 NAME STREET ADDRESS 4501 TREEHOUSE LN. 1.3 STREET ADDRESS CITY - S1 - ZIP TAMARAC FL 33319 1.4 CITY-ST-ZIP TITLE **VST** □ DELETE 2 1 TITLE Change Addition NAME GRAZIOTTO, RAYMOND E 2.2 NAME STREET ADDRESS 801 UNIVERSE BLVD. 2.3 STREET ADDRESS CITY-S1-ZIP JUNO BEACH FL 33408 2.4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CHIY-ST-7P 3.4 CITY - ST-ZIP TITLE □ DELETE 4 1 TITLE Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZP 54 CITY-ST-ZIP TITLE DELETE 6. 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 64 CITY-ST-ZIP supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further of 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information certify that the information indicated on oath; that I am an officer or director of