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 # F9600000795 (2)

SILVERPOINT MANAGEMENT LIMITED, INC.

Principal Place of Business

1858 RINGLING BOULEVARD
SARASOTA FL 34236

2. Principal Place of Business
2a. Mailing Address
21
25
Suite, Apt. #, etc.
27

FILED
Jan 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

								3. Date Incorporated or Qualified					
								02/16/1996					
2. Principal P	lace of Busin	ness	2a. Mailing Add	2a. Mailing Address				4. FEI Number		Applied For			
21			26					98-0157333		Not Applicable			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional		
22			27					3. Certificate of Status Desired	F	ee Re	quired		
City & State	9		City & State					6. Election Campaign Financing \$5.00 May Be					
23			28					Trust Fund Contribution Added to Fees					
Zip		Country Zip Co				suntry 8. This corporation owes or has paid the current year Intangible					angłble		
24								Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
Glendinning, renea m							Name						
185			8	2	Street Ad	ddress (P.O. Box Number is Not Acceptable)		-					
SARASOTA FL 34236						Substitution of the substi							
						83							
					-	4	City		85	Zip (`ode		
					"	•	City	FL	၂ % ၂	Zip	Joue		
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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) OATE													
12.	OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	\$ IN 12		
TITLE	D DELETE 1.1					1,1 TITLE			L Ch	ange	Addition		
NAME	GLENDINNING, RENEA M					1.2 NAME							
STREET ADDRESS	A STATE OF THE STA					1.3 STREET ADDRESS							
CITY - ST - ZIP	SARASOTA FL 34236						-ZIP				1		
TITLE	D DELETE 2.17							,	☐ Ch	ange	Addition		
NAME	WEISS, BRUNHILDE					2.2 NAME					-		
STREET ADDRESS						2.3 STREET ADDRESS							
CITY-ST-ZIP	GERMANY						- ZIP						
TITLE	DELETE 3.11								Ch	ange	Addition		
NAME	321									•	_		
STREET ADDRESS	ree						DDRESS						
CITY-ST-ZIP													
TITLE	· · · · · · · · · · · · · · · · · · ·					3.4. CITY-ST-ZIP 4.1 TITLE			Ch	ance	Addition		
NAME					4. 2 NAME								
					4.3 STRE		DOBESS						
STREET ADDRESS													
CITY-ST-ZIP TITLE		· · · · · ·	Tin	EI ETE	4,4 CITY-		- 212		☐ Ch	ange	Addition		
	☐ DELETE				5.1 TITLE					ango			
NAME					5.2 NAME								
STREET ADDRESS	· · ·						DDRESS						
CITY-ST-ZIP				r m	5.4 CITY- 6.1 TITLE		-ZIP		Ch	2002	Addition		
TITLE							İ			arye	TT ADDITOU		
NAME					6.2 NAME								
STREET ADDRESS					6.3 STRE	ET A	DDRESS						
CITY-ST-ZIP					6.4 CITY-	- 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 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

Rome M. Maidine REDUIRED

1)13/99

(941) 365-4617