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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9600000795**1. Corporation Name

SILVERPOINT MANAGEMENT LIMITED, INC.

Principal Place of Business	Mailing Address .			
1858 RINGLING BOULEVARD	1858 RINGLING BOULEVARD			
SARASOTA FL 34236	SARASOTA FL 34236			

FILED Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90020 033 ***150.00



1858 RINGLING SARASOTA FL		1858 RINGLING BOULEVAR SARASOTA FL 34236	1858 RINGLING BOULEVARD SARASOTA FL 34236						
JAHAJOTA 1 E	5-12-00					DO NOT WRI	TE IN THIS	SPACE	
						 Date Incorporated or Qualifed 02/16/1996 		•	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	Applied For
	Record Education	26				± 98-0157333		N	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certificate of Status Desired			Required
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country Zip Co			Country	wintry 8. This corporation owes the current year Intangible Personal Property Tax.				□No	
24 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
		t Registered Agent	81	N:	me	IV. Hallie alla Madicas et Hevi		<u>.</u>	
GLE	NDINNING, RENEA M	en de dina dina dina dina dina dina dina dina				(D.O. Day Number in Not Accept	abla)		
	RINGLING BLVD		82	St	reet Addri	ess (P.O. Box Number is Not Accept	2016) 21	35 48 (ex.	a. a different digital digital
SAR	ASOTA FL 34236		83						
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40.00.00	1		ļ			the state of the s	F L	shanoina i	te registered
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the abov uthorized by	e-na the	mea corpo corporatio	oration submits this statement for the on's board of directors. I hereby acce	pt the appoi	ntment as	registered
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statute:	S.	•	-			٠.
SIGNATURE							DATE		·
,	Signature, typed or printed name of registered age			nt sign	ature required	d when reinstating) (1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ID DIRECT	TORS IN 12
12.		ID DIRECTORS DELETE	13.				FICENS A	Change	
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NAME	GLENDINNING, RENEA M		1.2 NAME						
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CITY-ST-ZIP	SARASOTA FL 34236	<u></u>	1.4 CITY-1	ST-ZIP				Chana	- DAddition
TITLE	D	☐ DELETE	2.1 TITLE					Change	e 🗌 Addition
NAME	WEISS, BRUNHILDE		2.2 NAME	2.2 NAME					
STREET ADDRESS	TREET ADDRESS HOTEL HOHEN RESTAURANT, 18588 DENKINGEN 23S			2.3 STREET ADDRESS					
CITY-ST-ZIP	GERMANY	· · · · · · · · · · · ·	2. 4 CITY-	ST-ZIF	,				
TITLE		☐ DELETE	3.1 TITLE					Change	e . Addition
NAME .			3.2 NAME						
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NAME			4. 2 NAME		ł				
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STREET ADDRESS	` ·		4.4 CITY-						
CITY-ST-ZIP		□ DELETE	5.1 TITLE	J. L.		V .		Chang	e 🔲 Addition
TITLE		<u> </u>	5.2 NAME			C (29)			•
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STREET ADDRESS			6.4.CITY	OT			•		

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, with all other like empowered.