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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # F9600

F96000003684 (5)

SILVA MARINE, INC.

SILVA M	ianine, inc.							
Principal Place	e of Business	Mailing Address				TO THE STATE OF THE STATE STATES OF THE STAT	IK ebiga iddir e dler iddir i	
620 E. MONROE ST RIVERTON WY 82501 620 E. MONROE ST RIVERTON WY 82501-4828			l					
						3. Date Incorporated or Qualified 5 07/22/1996	3a. Date of Last Re	∍port
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0167074 Not Applicable		
Suite, Apt.	#, etc	Suite. Apt. #, etc.				5. Certificate of Status Desired	3 8.75 A	
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country			B. This corporation has liability for inta		199.032,
24	25	29	30				es 🗌 No	
	9. Name and Address of Curren	it Hegistered Agent		81	Name	10. Name and Address of New Regis	tered Agent	
	EENEY, MIKE			"	Name			
	Faulkenburg RD B221 IPA FL 33619			B2	Street Addre	ss (P.O. Box Number is Not Acceptable)		
IAM	IFA FL 33018			83				
				84	City		FL 85 Zip (Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida. Such change was authorized.					named corpo	pration submits this statement for the purp	. — ; ;	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was ations of Section 607 0605, F	authorize orida Sta	ed by t	the corporation	on's board of directors. I hereby accept the	he appointment as i	registered
}	in terminal with and decopt the songe	30010 01, 0000011 001.0000,11	onda ola	itaioo,				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	E Registere	eo Agen	I signature required	d when reinstating)	DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	CV	-		ITLE			Change	Addition Addition
NAME	TILLANDER, HANS-GUNNAR		1.2 N	1.2 NAME		*		
STREET ADDRESS	KUSKAUAGEN 4-S-191			STREET A	ADDRESS			
CITY-\$1-7IP	62 SOLLENTUNA, SWEDEN		1.4 0	OTY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	VCP	DELETE	2.11	ITLE	- 1		Change	Addition
NAME	HERRON, HAL		2.2 N	IAME				
STREET ADDRESS	620 E. MONROE ST			STAEET A	uddress			
CITY-ST-ZIP	RIVERTON WY 82501		2.4	2.4 CITY-ST-ZIP				
TITLE	STD	☐ DELETE	TE 3.1 TITL				Change	☐ Addition
NAME	LORIMER, SCOTT		3.2 N	IAME	· [ļ
STREET ADDRESS	877 N. 8 W.		3.3 STREE		addaess			1
CITY-ST-ZIP	RIVERTON WY 82501		3 4.1	CITY-ST	-ZIP			
TITLE	D	DELETE	4.1 T	T(7LE			L. Change	Addition
NAME	TILLANDER, CHRISTER		4. 2 NAME					
STREET ADDRESS	KUSKAUGEN 4-S-191		4.3 STREET		ADDRESS			
CITY-ST-ZIP	62 SOLLENTUNA, SWEDEN	[7] 67/ F7/		CITY - ST	- ZIP			4 4 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE		5.1 TITLE			Change	Addition
NAME	\		1	NAME	}	•		
STREET ADDRESS	ĺ				ODRESS			
CITY-S1-2IP		T pri pan		CITY - ST	-ZIP		FT Ac.	7.100.
TITLE		☐ DELETE		TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS	Į.		6.3 \$	STREET /	ADDRESS			İ

64 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 man attachment with an address.

SIGNATURE:

NATURE AND TYPES ON SPINTED NAME OF SIGNING OFFICER OR DIRECTO

2 Feb 97

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FILED

Feb 11 1997 8:00am

Secretary of State