

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

FILED

May 12 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 # F97030 (3)

1. Corporation Name
SILVERLIGHT CORPORATION



Principal Place of Business C/O EDWARD A. FUCILLO 1 BIRDIE LANE PALM HARBOR FL 34683	Mailing Address C/O EDWARD A. FUCILLO 1 BIRDIE LANE PALM HARBOR FL 34683-6409
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3. Date Incorporated or Qualified 08/26/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2568885	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FUCILLO, EDWARD A. 1 BIRDIE LANE PALM HARBOR FL 34683
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FUCILLO, MARGARET D.
STREET ADDRESS	1 BIRDIE LANE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	STD
NAME	FUCILLO, EDWARD A.
STREET ADDRESS	1 BIRDIE LANE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VPD
NAME	BOONE, MARY ANNE
STREET ADDRESS	4888 LAKE VALENCIA B W
CITY-ST-ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD
1.2 NAME	FUCILLO, EDWARD J.
1.3 STREET ADDRESS	600 LAKE WOOD PA
1.4 CITY-ST-ZIP	OLDSMAR, FL
2.1 TITLE	VPD
2.2 NAME	FUCILLO, JOHN F
2.3 STREET ADDRESS	1 BIRDIE LANE
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 REQUIRED _____ 4/30/97 813-733-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)