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 # G23923

1. Corporation Name

RUSSELL A. SILBER, INC.

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90063 044 ***150.00



Principal Place	of Business	Mailing Address			1 120()) 4000 (1000 (1000)) (1000)			
5932 NW 93 TERR 5932 NW 93 TERR								
TAMARAC FL 3	3321	TAMARAC FL 33321			DO NOT WRITE IN THIS SPA	CE		
					3. Date Incorporated or Qualified			
	 .	•						
					02/15/1983	Applied For		
	ace of Business	2a. Mailing Address		T	4. FEI Number	Applied For Not Applicable		
21 952	0 N.w 82 ST #, etc.	26 9) 27 /00	VY	<u> </u>	59-2290824	8.75 Additional		
	•	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required		
21 9520 N.w 82 ST 26 9522 /v w Suite, Apt. #, etc. 22 Tanon Pl. 3332 27 Tonor Fl. 23321 27 Tonor Fl. 23321 27 Tonor Fl. 23323 3332 / Brond 28 3712 / B				3721				
City & State						\$5.00 May Be Added to Fees		
23 3332		28 3 7) 1 /	Country	mus.	Trust Fund Contribution			
Zip	Country		Country		8. This corporation owes the current year Intangil Personal Property Tax.	Yes □No		
24	25	29 30	! 		10. Name and Address of New Registered Age			
	9. Name and Address of Current	Registered Agent	81	Name				
SII RI	SILBER, RUSSELL A 1338 N W 100 AVE TAMARAC FL 33321 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes.							
SILDER, RUSSELL A					iress (P.O. Box Number is Not Acceptable)			
5			200	9953	20 IVW 82)			
. IAM/	IAMAHAU PL 33321				83 Tamar			
			84	City	R	5 Zip Code		
						3777/		
. 11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named cor	poration submits this statement for the purpose of chairing is board of directors. I hereby accept the appointment	nging its registered		
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes	ine corporat	ion's board of directors. Thereby accept the appearance	co. rogioni ou		
					1. april 6	1999.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Ager	nt signature requir	ed when reinstating)			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	DP	LO DÉLETE	1.1 TITLE	4	OP SILL AND	Change Addition		
NAME	SILBER, RUSSELL A		1.2 NAME		silber Kussell A. 9520 Ju. w 82 st			
STREET ADDRESS	5932 NW 93 TERR		1.3 STREET	TADDRESS	9520 Nr. W 81 1	ž.		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-S	T-ZIP	Tumanc, Pl. 3372/			
TITLE	D	DELETE	2.1 TITLE	100	9520 Ju. w 82 5t Tamanc, Pl. 7372/ 5ilber, Myra 9520 N.W 825T	Change		
NAME	SILBER, MYRA		2.2 NAME	}	77			
STREET ADDRESS	5932 NW 93 TERR		2.3 STREET	TADDRESS	9520 N.W 821.			
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY- S	ST-ZIP	Famarol 8217 777	1/		
_TITLE		DELETE	3.1 TITLE		·	Change Addition		
NAME	_		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
1]			3.4. CITY-S					
TITLE		☐ DELETE	4.1 TITLE	411		Change		
NAME		<u></u>	4. 2 NAME					
! i			4.3 STREET	r ADDDESS				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-28		Change		
TITLE		C) NCTric	5.2 NAME					
NAME				T ADDOCCC				
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP			5.4 CITY-S	I-ZIP		Change Addition		
TITLE		☐ DELETE			L	Change Addition		
NAME			6.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-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, with all other like empowered.

CITY-ST-ZIP