

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G28090 (0)
1. Corporation Name:
SILVER PALACE, INC.

Principal Place of Business: **502 E SEMORAN BLVD.
CASSELBERRY FL 32707
US**
Mailing Address: **502 E SEMORAN BLVD.
CASSELBERRY FL 32707-2433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2290197	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193.032 Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business 21. State Apt. # etc. 22. City & State 23. Zip 24. City	2a. Mailing Address 25. State Apt. # etc. 26. City & State 27. Zip 28. City
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9. Name and Address of Current Registered Agent OLSEN, ROBERT W. 205 N ROSALIND AVE., P.O. BOX 1767 ORLANDO FL 32802	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 FL
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11. Pursuant to the provisions of Sections 607.02(2) 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, thereby, accept the appointment as registered agent. I am authorized to accept the obligation of Sections 607.02(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)																																																																																																												
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 111 (1)(2)(b), 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 1, 2 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Chante*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 834.2800