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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

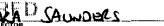
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # G41244 (6)SILGO INTERNATIONAL, INC. Principal Place of Business Mailing Address % RICHARD A. ZACUR % RICHARD A. ZACUR 5200 CENTRAL AVENUE **5200 CENTRAL AVENUE** ST. PETERSBURG FL 33707-1834 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 3a. Date of Last Report 05/27/1983 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2389554 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZACUR, RICHARD A. **5200 CENTRAL AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 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 Signature, type dioriproted name of registered agent and title if applicable. DATE (NOTE Registered Agent argnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE THILE SAUNDERS, TERRANCE J. NAME 1.2 NAME CR2E034 249 5TH STREET NO., # 1 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE SAUNDERS, BARBARA M.R. 2.2 NAME NAME 249 5TH STREET NO., #1 STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 2 4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZP Addition DELETE Channe 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREFT ADDRESS 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 *19.07(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

SIGNATURE:



FILED

Feb 06 1997 8:00am