4-20-98 B. 5056 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Apr 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)SILGO INTERNATIONAL, INC. Mailing Address Principal Place of Business S RICHARD A. ZACUR % RICHARD A. ZACUR **5200 CENTRAL AVENUE** 5200 CENTRAL AVENUE DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 05/27/1983 2. Principal Place of Business 2a, Mailing Address Applied For FEI Number 59-2389554 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible THES Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ZACUR, RICHARD A. **5200 CENTRAL AVENUE** Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 83 84 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, typed or printed name of registered agent and (rie if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE SAUNDERS, TERRANCE J. 1.2 NAME NAME 249 5TH STREET NO., # 1 1.3 STREET ADDRESS STREET ADDRESS **ST. PETERSBURG FL** 1.4 CITY-SY-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE SAUNDERS, BARBARA M.R. NAME 2.2 NAME 249 5TH STREET NO., #1 2.3 STREET ADDRESS STREET ADORESS ST. PETERSBURG FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP TT Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-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 inchanged or entire attachment with an address.

BARNAR CANONIAS WILLIAS