

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J91166 (5)
1. Corporation Name
SILVER-ARK LIMITED, INC.

Principal Place of Business
P. O. BOX 1124
LONGWOOD FL 32752

Mailing Address
P. O. BOX 1124
LONGWOOD FL 32752

3. Date Incorporated or Qualified
09/08/1987

3a. Date of Last Report
07/16/1996

4. FEI Number
59-2857791

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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 7100 S. HIGHWAY 17-92
Suite, Apt. #, etc.
22
City & State
23 FERN PARK, FL
Zip
24 32730-2092
Country
25

2a. Mailing Address
26 301 EAGLE DRIVE
Suite, Apt. #, etc.
27
City & State
28 BEDFORD, TEXAS
Zip
29 76021
Country
30

9. Name and Address of Current Registered Agent

MORRISON, WILLIAM H.
7100 SOUTH HIGHWAY 17-92
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRISON, WILLIAM H.	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	7100 S HIGHWAY 17-92	1.2 NAME	700002314327-7
STREET ADDRESS	FERN PARK FL	1.3 STREET ADDRESS	-10/07/97--01085--003
CITY-ST-ZIP		1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	P RISKE, WILLIAM D.	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	2513 CHANTILLY AVE	2.2 NAME	P RISKE, WILLIAM D.
STREET ADDRESS	WINTER PARK FL	2.3 STREET ADDRESS	301 EAGLE DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BEDFORD, TX 76021
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: W. Riske WILLIAM D. RISKE PRES 9/1/97 (817) 428-6604

97 OCT -2 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)