FILED Mar 03, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION. Katherine Harris ANNUAL REPORT 03-03-1999 90035 024 ***150.00 Secretary of State DIVISION OF CORPORATIONS 1999 **DOCUMENT # K48178** SILVER LAKE PLAZA, INC. Mailing Address Principal Place of Business 26200 AMERICAN DRIVE #305 7520 W. WATERS AVENUE SOUTHFIELD MI 48034 DO NOT WRITE IN THIS SPACE TAMPA FL 33615 3. Date incorporated or Qualifed US 12/01/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0099247 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5...Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation owes the current year intangible Country Country Δıρ ∏No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KAMEL ISSA T. DAN MULKEY 7520 W WATERS AVENUE 34/8 W. Granade 57 Street Address (P.O. Box Number is Not Acceptable) STE. 16 TAMPA, MI 33629 **TAMPA FL 33615** Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE KING, THOMAS E 1.2 NAME MAME 305 BARCLAY CIR.STE 1000 1.3 STREET ADDRESS STREET ADDRESS **ROCHESTER HILLS MI 48307** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change C DELETE 21 TITLE MLE SAMHAT, HAROLD S NAME 267 WOODBERRY OR 2.3 STREET ADDRESS STREET ADDRESS BLOOMFIELD HILLS MI 2.4 CITY-ST-ZIP CITY-ST-ZIP Change - Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee/empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered

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