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PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58388

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JACK SILVERSTEIN, INC.

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Mailing Address Principal Place of Business 1425 S.W. 27TH AVENUE 1425 S.W. 27TH AVENUE DO NOT WRITE IN THIS SPACE DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** 3. Date Incorporated or Qualified 01/17/1989 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 65-0093290 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country ZιD Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVERSTEIN, JACK 1425 S.W. 27TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CB54** 83 **DELRAY BEACH FL 33445** 84 City 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 rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE DPT 11 TITLE Change NAME SILVERSTEIN, JACK 1.2 NAME R2E034 1425 S.W. 27 AVE, CB54 1.3 STREET ADDRESS STREET ADDRESS <u>Delray Beach Fl</u> CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ ☐ Change Addition 2.1 TITLE TITLE NAME SILVERSTEIN, ANITA 2.2 NAME STREET ADDRESS 1425 S.W. 27 AVE, CB54 2.3 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL** 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP ☐ Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 if changed, or on an attachment with an address.