

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L85427** ✓

Corporation Name

DANIEL A. SILVERSTEIN ASSOCIATES, INC. (FLORIDA)

Principal Place of Business

55 TOWN CENTER ROAD, SUITE 1001
BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER ROAD, SUITE 1001
BOCA RATON FL 33486

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 032 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 22-3064752	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SILVERSTEIN, DANIEL A 5355 TOWN CENTER ROAD, SUITE 1001 BOCA RATON FL 33486				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E 1E EET ADDRESS ^ST-ZIP	P SILVERSTEIN, DANIEL A. 7171 AYRSHIRE LANE BOCA RATON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS ^ST-ZIP		1.2 NAME	
E 1E EET ADDRESS ^ST-ZIP		1.3 STREET ADDRESS	
E 1E EET ADDRESS ^ST-ZIP		1.4 CITY-ST-ZIP	
E 1E EET ADDRESS ^ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS ^ST-ZIP		2.2 NAME	
E 1E EET ADDRESS ^ST-ZIP		2.3 STREET ADDRESS	
E 1E EET ADDRESS ^ST-ZIP		2.4 CITY-ST-ZIP	
E 1E EET ADDRESS ^ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS ^ST-ZIP		3.2 NAME	
E 1E EET ADDRESS ^ST-ZIP		3.3 STREET ADDRESS	
E 1E EET ADDRESS ^ST-ZIP		3.4 CITY-ST-ZIP	
E 1E EET ADDRESS ^ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS ^ST-ZIP		4.2 NAME	
E 1E EET ADDRESS ^ST-ZIP		4.3 STREET ADDRESS	
E 1E EET ADDRESS ^ST-ZIP		4.4 CITY-ST-ZIP	
E 1E EET ADDRESS ^ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS ^ST-ZIP		5.2 NAME	
E 1E EET ADDRESS ^ST-ZIP		5.3 STREET ADDRESS	
E 1E EET ADDRESS ^ST-ZIP		5.4 CITY-ST-ZIP	
E 1E EET ADDRESS ^ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS ^ST-ZIP		6.2 NAME	
E 1E EET ADDRESS ^ST-ZIP		6.3 STREET ADDRESS	
E 1E EET ADDRESS ^ST-ZIP		6.4 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 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: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)