

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M44031 (6)**

1. Corporation Name
SILVERLANE REALTY, INC.



Principal Place of Business: % BARRY SILVERMAN, 19553 NE 37TH AVE, NO. MIAMI BEACH FL 33180
Mailing Address: % BARRY SILVERMAN, 19553 NE 37TH AVE, NO. MIAMI BEACH FL 33180

3. Date incorporated or Qualified: **12/30/1986**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **11-2344645**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
~~ROSEN, GENE S.
1550 N.E. MIAMI GARDENS DRIVE
STE. 305
NO. MIAMI BEACH FL 33179~~
Barry Silverman M.D.
19553 NE 37th Avenue
Aventura Florida

10. Name and Address of New Registered Agent
81 Name: Barry Silverman M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 19553 NE 37th Avenue
83
84 City: Aventura FL 85 Zip Code: 33186

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: Barry Silverman M.D.
DATE: 1/18/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SILVERMAN, BARRY	
STREET ADDRESS	1550 NE MIAMI GDN DR. 19553 N.E. 37 AVE	
CITY-STATE-ZIP	NO. MIAMI BEACH FL 33180	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	WENDER, STEPHEN	
STREET ADDRESS	1550 N.E. MIAMI GDN DR.	
CITY-STATE-ZIP	N. MIAMI BCH. FL 33180	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, ALVIN	
STREET ADDRESS	1550 N.E. MIAMI GDN DR.	
CITY-STATE-ZIP	N. MIAMI BCH. FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barry Silverman M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/18/96
PHONE: 305 9371999

CR2E034 (12/95)