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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1504 OVERLAKE AVENUE

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

23

24

Zip

ORLANDO FL 32806



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

30

DOCUMENT #
1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

CARIN, PHILIP A.

FERN PARK FL 32736

345 E SR 436

SUITE 101

(8)

Mailing Addross

346 E SR 436

FERN LAKE FL 32730

2a. Mailing Address

City & State

Ζip

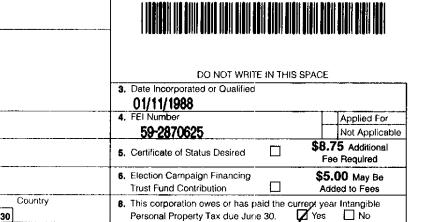
29

Suite, Apt. #, etc.

SUITE 101

SILVER MAINTENANCE, INC.

	F	ILED	
May	14	1998	8:00am
Sec	cret	ary of	State



10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

84 City 85 Zip Code

81

82

83

Name

office or ro agent. I ar	egistered agent, or both, in the State of Horida. Such on familiar with, find accept the obligations of, Section in	change was auti 607.0505, Floric	horized by the corp la Statutes.	poration's board of direct	ors. I hereby accept the app	pointment as	registered
SIGNATURE	Signature, typed or ponted name of registered agent and tribe if applicable	/MONE D	agistared Assot rise	roo ind also visately	DATE		
12.	OF LICERS AND DIRECTORS (NO:		Registered Agent signature required when reinstating) 13. ADDITIONS		/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	11001110110701	744020 10 0171021107411	Change	Addition
NAME	DUNKIN, SHERRILL L		1.2 NAME				
STREET ADDRESS	1504 OVERLAKE AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP				
TITLE		DELETE	2 1 TITLE			Change	Addition
NAME	DUNKIN, PATRICIA L		2.2 NAME				
STREET ADDRESS	1504 OVERLAKE AVE.		2 3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP				
TITLE		DELFTE	3 1 TITLE			Change	Addition
NAME			32 NAME				
STREET ADDRESS			3 3 STHEET ADDRESS				
CITY-ST-ZIP			3 4. CITY - ST - ZIP				
TITLE		DELFTE	41 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CHY-ST-7IP				
TITLE		DELETE	5.1 TITLE		<u> </u>	☐ Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP				
TATLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREFT ADDRESS				
CITY_CT_7ID			6 4 OUT V CT 7:0				

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 exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or consequence of the exporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or consequence of the exportation of the expo