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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90109 024 ***150.00

DOCUMENT # M64240 1. Corporation Name SILVER MAINTENANCE, INC. Mailing Address Principal Place of Business 346 E SR 436 1504 OVERLAKE AVENUE ORLANDO FL 32806 SUITE 101 DO NOT WRITE IN THIS SPACE FERN LAKE FL 32730 3. Date Incorporated or Qualifed 01/11/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2870625 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip This corporation owes the current year Intangible Yes 25 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CARIN, PHILIP A. Street Address (P.O. Box Number is Not Acceptable) 345 E SR 436 SUITE 101 83 FERN PARK FL 32736 Zip Code 84 City 85 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 11 TITLE TITLE DUNKIN, SHERRILL L 1.2 NAME NAME 1504 OVERLAKE AVE. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE **DUNKIN, PATRICIA L** 22 NAME NAME 1504 OVERLAKE AVE. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE TILE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIF 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)