Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90069 010 ***158.75

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

DOCUMENT # A4-

1. Corporation	Name MI/6866	I				
SILVER S	SERVICES, INC.					
Principal Place	of Business	Mailing Address			BII 61811 61611 61611 61	E
1402 FOSTER A		1402 FOST er ave. Panama City FL 32401		DO NOT MIRITE IN T	LIC CDACE	
10000	AiRDORT DRIVE			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
Dava	Airport Drive MA City, Fl. 3240	5		3. Date incorporated or Qualified 04/07/1988		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21	ace of Dusiness	26		59-2883447	H	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 AC	dditional
22	··•	27		5. Certifcate of Status Desired	Fee Req	uired
City & State	9	City & State		6. Election Campaign Financing	\$5:00-N	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		□No
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Register		ONIC_
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent	
MEL	FRO HECTOR					
MELERO, HECTOR 1402 FOSTER AVE. PANAMA CITY FL 32401 PANAMA CITY, FJ. 32405 83 32405				ess (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32401 Panyana City, Fl. 83						_
32405						
84				F	- L 85 Zip Co	ode
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named corpo	oration submits this statement for the purpose	of changing its r	egistered
l office or re	anistered agent, or both, in the State 0	t Florida. Such change was auti	nonzed by the corporation	on's board of directors. I hereby accept the ap	pointment as reg	istered
_	n familiar with, and accept the obligation	ons of, Section 607.0000, Fiore	ia Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature required			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE.	٧	DELETE	1.1 TITLE	MELERO, MERCY	☐ Change	Addition
NAME	MELERO, MERCY		1.2 NAME	The Table		
STREET ADDRESS	1402 FOSTER AVE.		1.3 STREET ADDRESS	1808 AIRPORT DRIVE ANAMA CITY, F.J. 3	, 	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	PANAMA CITY, FX. 3	2409	
TITLE	P	☑ DELETE		MELERO, HECTOR		Addition
NAME	MELERO, HECTOR		22 NAME	2808 Airport D	RÍVE	
STREET ADDRESS	1402 FOSTER AVE.		■ 2.3 STREET ADDRESS I	PANAMA CITY, FD.	22405	_
CITY-ST-ZIP	PANAMA CITY FL			HOLLING CITY - LAY	Change	Addition
TITLE		☐ DELETE	3.1 TITLE	•		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE		[] DELETE	4.1 TITLE			
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
TITLE		[] DECE. [5.2 NAME		_ 0-	_
NAME			5 3 STREET ADDRESS		,	
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		□ nel ete	61 TITLE		Change	Addition

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 or an attachment with an address, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-769-67**5**1