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Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000010258 (0)

1. Corporation Name

SILVER PALMS HOLDING CORP.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1993

4. FEI Number

65-0387758

Applied For

Not Applicable

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 owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Mailing Address

1550 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33179

2a. Mailing Address

26 P.O. Box 170770

Suite, Apt. #, etc.

27 Attn: Acct DEPT

City & State

28 Ft. Lauderdale, FL

Zip

29 33017

Country

30

9. Name and Address of Current Registered Agent

ROSENBERG, DONALD S
1 S.E. 3RD AVE.
SUITE 2600
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BIGGS, WILLIAM
STREET ADDRESS 1550 N.E. MIAMI GARDENS DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE

NAME KISLAK, JAY I
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE V ☐ DELETE

NAME SIMON, HARVEY I
STREET ADDRESS 1550 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE VST ☐ DELETE

NAME HIME, MOLLY A
STREET ADDRESS 1550 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0249012

CR2E034 (10/97)