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

Mailing Address P.O. Box 170770

CLOSKYLAKE STATE BANK

DOCUMENT # P93000/02582

7900 MIAMI GARDENS DRIVE WEST

Principal Place of Business

SILVER PALMS HOLDING CORP.

MIAMILAKER, FL 38016 DO NOT WRITE IN THIS SPACE HIAHAH, FL 33017 3. Date Incorporatel or Qualifed 9 93 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0387158 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 Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROSENBERG, DUNALD S I S.E. 3RD AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 3050 83 MIAMILEL 3313 1 84 85 Zip Code City 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. ☐ Change ☐ Addition □ DELETE 11 TITLE TITLE CR2E034 1.2 NAME WILLIAM BIGGE NAME 7900 MIAMI LAKER DRIVEWERT 1.3 STREET ADDRESS STREET ADDRES MIAMI LAKER, FL 33016 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change | 2.1 TITLE TITLE MOLLY HIME 2.2 NAME NAME 7900 MIAMILAKER DRIVEWEST 2.3 STREET ADDRESS STREET ADDRESS MIAM LAKES, FL 33016 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITI F 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DÉLETE 4.1 TITLE TITLE

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, with all other like empowered.

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

Addition

☐ Addition

FILED Sep 03, 1999 8:00 am

Secretary of State

09-03-1999 90008 014 ***558.75