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 # P93000046262

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90077 012 ***150.00

THE SILI	ENT MOUSE INC.						
Principal Place	e of Business	Mailing Address				II Viala e lika ii bia	A1110 1101 120 1
319 BELVEDERE RD. S-12 319 BELVEDERE RD. S-12							
W PALM BCH. FL 33405 W PALM BCH. FL 33405							
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		ĺ
A Al-Vin A Address					06/24/1993	· Δr	plied For
2. Principal Place of Business 2. 2a. Mailing Address 2.					65-0417676		t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					03/04/1/0/0	\$8.75	
Suite, Apt. #, etc.		27		5. Certifcate of Status Desired	Fee Re	1	
			City & State		6. Election Campaign Financing	\$5.00	May Re
23	¬ •··, ·· - ····				Trust Fund Contribution	Added	
Zip				у	8. This corporation owes the current year	ntangib ł é	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Registers	d Agent	
			8	1 Name			İ
GUERIN, GILBERT				2 Street Ad	idress (P.O. Box Number is Not Acceptable)		
319 BELVEDERE RD., S-12							
W P	ALM BCH. FL 33405		8	3			
			8	4 City		. 85 Zip	Code
					<u>. F</u>	L `	.}
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	uthonzed b rida Statute	y the corpora	propration submits this statement for the purpose ation's board of directors. I hereby accept the appuished when reinstating).	ointment as re	gistered
	Signature, typed or printed name of registered age			ent signature req	about the distriction of the dis	AND DIRECTO	DS IN 12
12.		ID DIRECTORS DELETE	13. 1.1 TITLE	Т"	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	P OUEDIN OILBEDT	- Deterie	1,2 NAME		,		_ \
NAME	GUERIN, GILBERT 319 BELVEDERE RD S-12			ET ADDRESS			!
STREET ADDRESS	WEST PALM BEACH FL		1.4 CITY-		•		
CITY-ST-ZIP TITLE			2.1 TITLE			Change	Addition
			2.2 NAME				-
NAME STREET ADDRESS	OMITTI, TILD E			ET ADDRESS			
	WEST PALM BEACH FL	•	2.4 CITY			-	
CITY-ST-ZIP	WEST FALM BEACTIFE	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		<u> </u>	3.2 NAME	1			
STREET ADDRESS				ET ADDRESS	·		
			3.4. CITY				Ì
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM				
STREET ADORESS]			ET ADDRESS	•		Į
CITY-ST-ZIP	ţ		4.4 CITY-				
TITLE			5.1 TITLE			☐ Change	Addition
NAME	}	_	5.2 NAME	II	,		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE -	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		☐ DELETE	6.1 TITLE		*****	Change	Addition
		☐ DELETE	6.1 TITLE 6.2 NAME	-		Change	Addition
STREET ADDRESS	TO SEE ST. BY SIGN	☐ DELETE	6.2 NAME	-		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 on an attachment with an address, with all other like empowered.

SIGNATURE: