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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

FILED Mar 16 1998 8:00am Secretary of State

k .	MENT # P93000 SILVER ENVIRONMENTAL II				II 81101 4111 0184 808 1001
Principal Place of Business		Mailing Address		I TOOLIOON HID TENED DANN OONIN TOUN OETHO DE HE	N BINDI KADIN BIBIN BUN NADI
8503 SUNSTATE ST		P. O. BOX 25178			
TAMPA FL 33634		TAMPA FL 33622		DO MOT MENTE IN THIS	00405
US		US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				09/13/1993	1
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3202837	Not Applicable
Sulte, Apt.	₩, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	7()	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
FLY	ynn, william m		81 Name		
5206 INTERBAY BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33611		83		
_			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp		f changing its registered
CICNIATURE		of Florida Such change was a ation of Section 607.0505, Flo	uthorized by the corporal rida Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	Signature typics or pented name of payment of		Registered Agent signature requi		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	
TITLE	D CAME CALLY 7	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, SALLY Z 5206 INTERBAY BLVD		1.2 NAME		
STREET ADORESS CITY-ST-ZIP	TAMPA FL 33611		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, WILLIAM M		2.2 NAME		
STREET ADDRESS	5206 INTERBAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP		1
TITLE		☐ DECETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Drieve	3.4. CITY-ST-ZIP		Chases Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY+\$1+ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY+ST-ZIP			64 CITY-ST-ZIP		,
44 I horoby c	antifu that the information concline u	ith this films doze not austifu fo	r the exemption stated in	Section 119 07(3)(i) Florida Statutes, Liturther or	artifu that the information

Interest series the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report to 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 expression of the corporation of 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 expression of the corporation of th

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