

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

0204016

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90073 026 \*\*\*150.00

DOCUMENT # P93000086220

1. Corporation Name  
SILVER TRAVEL, INC.



Principal Place of Business

~~155 NE 96TH STREET~~  
~~MIAMI SHORES FL 33138~~

Mailing Address

~~155 NE 96TH STREET~~  
~~MIAMI SHORES FL 33138~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10205 Collins Ave

Suite, Apt. #, etc.

22 207

City & State

23 Bal Harbour

Zip

24 FL

Country

25 33154

2a. Mailing Address

26 10205 Collins Ave

Suite, Apt. #, etc.

27 #207

City & State

28 Bal Harbour

Zip

29 FL

Country

30 33154

3. Date Incorporated or Qualified

12/16/1993

4. FEI Number

65-0455635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

TOPOLSKI, ELAYNE S  
10205 COLLINS AVE, APT 207

~~MIAMI SHORES~~  
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

*Elayne S. Topolski*

ELAYNE S. TOPOLSKI

4/22/99

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME TOPLSKI, ELAYNE S

STREET ADDRESS 10205 COLLINS AVE., APT 207

CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE S ☐ DELETE

NAME SILVER, MOLLIE

STREET ADDRESS ~~155 NE 96TH STREET~~ 1912 S. OCEAN DR.

CITY-ST-ZIP ~~MIAMI SHORES FL 33138~~ HALLANDALE FL 33009

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Elayne S. Topolski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

305-759-2344

Daytime Phone #

CR2E034 (11/98)