

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # P94000003119 (2)

1. Corporation Name

SILVER SCREEN MANAGEMENT INC.

Principal Place of Business

Mailing Address

1170 SUNSET STRIP
#201
SUNRISE FL 33313

1170 SUNSET STRIP
#201
SUNRISE FL 33313

2. Principal Place of Business

2a. Mailing Address

21 1170 - SUNSET STRIP

26 1170 - SUNSET STRIP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 200

27 # 200

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip

Country

Zip

Country

24 33313

25 U.S.I.

29 33313

30 U.S.I.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0507672

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 has liability for intangible tax under s. 190.03?
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

GARDEN, CODY
1170 SUNSET STRIP
#201
SUNRISE FL 33313

81 Name

GARDEN, CODY

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

1170 - SUNSET STRIP

83

SUITE # 200

84

City

SUNRISE

FL

85

Zip Code

33313

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CODY, GARDEN
193390 SABAL LAKE DRIVE
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

7-18-96 (954) 776-6805
(303) 322-4626

CR2E034 (3/96)