

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P94000005298 (2)**  
 1. Corporation Name  
**SILVI, INC.**



Principal Place of Business Mailing Address

**1303 HOMESTED ROAD NORTH  
 LEHIGH ACRES FL 33970**

**12670 NEW BRITTANY BLVD.  
 SUITE 101  
 FT. MYERS FL 33907  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>P.O. Box 425</b> Suite, Apt. #, etc.	26		<b>01/20/1994</b>	
22	City & State	27		4. FEI Number	
23	<b>Lehigh Acres, FL</b>	28		<b>65-0482446</b>	
24	Zip	29	Country	Applied For	
<b>33970</b>	<b>USA</b>	30		Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
<input type="checkbox"/>					
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees	
<input type="checkbox"/>					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROYSTON, ROBERT D JR.          COSTELLO, SIMS &amp; ROYSTON          12670 NEW BRITTANY BLVD., SUITE 101          FT. MYERS FL 33907</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				<b>FL</b>			

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARZMEIER, WILLIBALD</b>	1.2 NAME	
STREET ADDRESS	<b>1303 HOMESTED ROAD NORTH</b>	1.3 STREET ADDRESS	<b>237 Joel Blvd.</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	1.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33972</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBS, KLAUS</b>	2.2 NAME	
STREET ADDRESS	<b>1303 HOMESTEAD RD N</b>	2.3 STREET ADDRESS	<b>237 Joel Blvd.</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	2.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33972</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **AND: Schwarzmeier** 4-20-98 941-369-8989

CF2E034 (10/97)