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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000032756

1. Corporation Name

SILVER Q, INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90174 029 \*\*\*150.00



Principal Place of Business		Mailing Address				I (South (So )St)( alle of the south			
225 WEST UNIVERSITY AVENUE GAINESVILLE FL 32601		225 WEST UNIVERSITY AVENUE GAINESVILLE FL 32601							
					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						04/29/1994			
2. Principal P	lace of Business	2a. Mailing Address			<del></del>	4. FEI Number		Apı	plied For
21		26				59-3240758		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	dditional
22		27				3. Certificate of Status Desired		Fee Re	quired
-City & Stat	8	. City & State				7 7 7			
23		28		.4		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coui	ntry		8. This corporation owes the cur	rent year Inta		□No Ì
24	9. Name and Address of Curren	29 3	<u>0)</u>			Personal Property Tax.  10. Name and Address of New	Registered A		
·	5. Name and Address of Curren	it Kegistered Agent		81	Name	To: Teamle dista Address of Itali	regioner e		
VIVIA	N CINQUE		ļ						
7630	NW 51ST DR		ĺ	82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
GAIN	IESVILLE FL 32601			83		<del></del>			
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				84	City		FL	85 Zip C	,ude
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the at	bove-	-named corpo	ration submits this statement for the	purpose of	hanging its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti tions of, Section 607.0505, Florid	norized Ia Statu	ı by tı utes.	ne corporation	n's board of directors. I nereby acce	pt the appoin	ment as reç	jistereu
SIGNATURE	VIVIAN CINQU	_ ~	wi	•	mi	ine.	4-20	-97	
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R		Agent	signature required		DAIL		DO IN 40
12.	<del></del>	ID DIRECTORS	13.	n #	<del>-</del>	ADDITIONS/CHANGES TO O	-FICERS AN	Change	Addition
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NAME	VIVIAN CINQUE		1.2 NA		4D0DF00				
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CITY-ST-ZIP TITLE	GAMESVILLE PL 32001	☐ DELETE	2.1 TIT	TY-ST-	-ZIF		<del></del> .	Change	Addition
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CITY-ST-ZIP			23 ST	REET A	ADDRESS				
TITLE			1		ADDRESS				
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	· · · · ·	<del>_</del>	2. 4 CI 3.1 TII 3.2 NA 3.3 ST	ity-st- Tle Ame	-ZIP		-,		
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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:

<u> 352-371-4647</u>