


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 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 # P94000043249 (9)
 1. Corporation Name
SILVER BLUFF DEVELOPMENT CORPORATION



Principal Place of Business: 1660 SO BAYSHORE CT, MIAMI FL 33133, US
 Mailing Address: 1660 SO BAYSHORE CT, MIAMI FL 33133, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1660 So. Bayshore Ct, MIAMI FL 33133, USA
 2a. Mailing Address: 1660 So. Bayshore Ct, MIAMI, FL 33133, USA

3. Date Incorporated or Qualified: 06/09/1994
 4. FEI Number: 65-0520094
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 LUBITZ, ALAN H. ESQ.
 1500 SAN REMO AVENUE
 STE. 220
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
 81 Name: KUTTEROFF, JAMES E.
 82 Street Address: 8067 S.W. 73RD AVE. STE. 3
 83
 84 City: MIAMI, FL FL 85 Zip Code: 33143

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: *James E. Kutteroff* JAMES E. KUTTEROFF 9/10/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VP NAME: LESTER, ALAN S STREET ADDRESS: 8067 SOUTHWEST 73RD AVENUE STE. 16 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: LESTER 1.3 STREET ADDRESS: MIAMI, FL 33143 1.4 CITY-ST-ZIP:
TITLE: D NAME: FRAYND, PAUL STREET ADDRESS: 560 NW 165TH STREET RD. CITY-ST-ZIP: MIAMI FL 33169	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: P NAME: KUTTEROFF, JAMES E STREET ADDRESS: 8067 SW 73RD AVENUE STE. 3 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE: SEC. / TRUS 3.2 NAME: KUTTEROFF, JAMES E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: 8067 SW 73RD AVE. STE. 3 3.4 CITY-ST-ZIP: MIAMI, FL 33143
TITLE: P NAME: KESSLER, HAROLD STREET ADDRESS: 7705 NW 48TH STREET STE. 100 CITY-ST-ZIP: MIAMI, FL 33166	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: KESSLER, HAROLD 4.3 STREET ADDRESS: 7705 NW 48TH STREET STE. 100 4.4 CITY-ST-ZIP: MIAMI, FL 33166
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *James E. Kutteroff* Sec. / Trus 9/10/98 (305) 859-8092

CR2E034 (5/98)