

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014689 (0)

1. Corporation Name

PROSPECT REALTY SILVERLAKES, INC.



Principal Place of Business

16632 SADDLE CLUB ROAD
FT. LAUDERDALE FL 33326

Mailing Address

16632 SADDLE CLUB ROAD
FT. LAUDERDALE FL 33326

2. Principal Place of Business

2a. Mailing Address

21 18465 PINES BOULEVARD

26 16632 SADDLE CLUB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PEMBROKE PINES, FLORIDA

28 FT. LAUDERDALE, FL

Zip

Country

Zip

Country

24 33029

25 USA

29 33326

30 USA

9. Name and Address of Current Registered Agent

RYCZEK, ROBERT L
16632 SADDLE CLUB ROAD
FT. LAUDERDALE FL 33326

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

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

(NOTE: Registered Agent's signature required when agent resigns)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RYCZEK, ROBERT L
STREET ADDRESS 16632 SADDLE CLUB ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33326

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT
1.2 NAME MARIANNE L. WINFIELD
1.3 STREET ADDRESS 1661 N.W. 113 AVENUE
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33026

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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

DATE

DAYTIME PHONE #

2-15-96

954-384-7800

CR2E034 (12/95)