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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025193 (0)

SILVER SECURITY INSURANCE, INC.

FILED						
May 01 1998 8:00am						
Secretary of State						

OILT LI	GEOGRITI MOONANCE, IN	O1			
Principal Plac	e of Business	Mailing Address			I sedited me this ditti eem eem eem dend tide dite mete letes till tide
1805 MAIN ST	TREET	1605 MAIN STREET			
SUITE 1001	_	SUITE 1001			
SARASOTA F	L 34236	SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE
l U\$		US			3. Date Incorporated or Qualified
6 Dringing D	No. of Duckness	On Mailing Address			03/29/1995
	lace of Business	2a. Mailing Address	ı		4. FEI Number Applied For
21	26			65-0567826 Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required
22 27					
23	_	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country		у	8. This corporation owes or has paid the current year Intangible
24 25		29 30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Current		133		10. Name and Address of New Registered Agent
60	LDSMITH, STANLEY A		8	Nam	ame
	05 MAIN STREET		B:	2 Ciro	reet Address (P.O. Box Number is Not Acceptable)
	ITE 1001		B4	Silet	reat Address (F.O. box Number is Not Acceptable)
	RASOTA FL 34236		8	3	
]			-	4 00	
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	les, the abo	ve-name	med corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida, Such change was tions of Section 607,0505, FI	authorized t	by the co	corporation's board of directors. I hereby accept the appointment as registered
1	The state of the s	inchio di Obolion con locoo, i	o ida biatat	J	
SIGNATURE	Signature, typod or printed name of registered agen-	t and title if applicable (NO)	IF: Registered A	gent signati	mature required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE		Change Addition
NAME	B AILEY, DOLORES A		1.2 NAME		
STREET ADDRESS	6322 GREEN OAKS CIRCLE		1.3 STREE	T ADDRESS	₹ESS
CITY-ST-ZIP	BRADENTON FL 3420.	3	1.4 CITY-	ST-ZIP	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	Р
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREE	T ADDRESS	HESS
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	> <u> </u>
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STREE	T ADDRESS	NESS
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE 5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	IESS
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREE	T ADORESS	ESS
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	
14. I hereby o	certify that the information supplied wit	h this filing does not qualify f	or the exem	ption sta	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an
officer or i	director of the corporation or the recei	ver or trustee empowered to	execute this	report	y signature shan have the same legal effect as it made under oath; that I am an ort as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 (or Bloc k 13 it change n , or on an atlact	oment with an address.		_	
SIGNAT	HDE. Aldal	1 a. Baile	12 6	101	1) Just 4/24/97 941-952-5829