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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Corporation Name	DOCUMENT #	P95000030506	(6)
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1. Corporation Name ALAN SILVERMAN ASSOCIATES, INC.  Principal Place of Business 6761 ENTRADA PLACE BOCA RATON FL 33433 BOCA RATON FL 33433-2742								
					Date Incorporated or Qualified     04/14/1995	3a, Date of Last F 05/01/1996	Report	
2. Principal I 21	Place of Business	2a. Mailing Addres	s		4, FEI Number 65-0570815		pplied For ot Applicable	
Suite, Apt	t #, etc	Suite, Apt. #, el	tc.	, g. ; <del>***********************************</del>	6, Certificate of Status Desired	<b>□</b> \$8.75	Additional equired	
City & Sta	ate	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zφ	Country	Zip	<b>├</b> ──┐	ountry	g. This corporation has liability for	ntangit le tax under t	s. 199.032,	
24	25   g. Name and Address of Curren	29 Agent	30		Fiorida Statutes  10. Name and Address of New Re	Yes No	,,,,	
CII	VERMAN, ALAN	, riogistoreo Agont		81 Name	10, Hamb and Addition of Hon the	Righting Nightin		
676	61 ENTRADA PLACE DCA RATON FL 33433			82 Street Ad	dress (P.O. Box Number is Not Acceptat	ele)		
				84 City		FL 85 Zip	Code	
office or agent. I SIGNATURE		of Florida Such change tights of Bection 607.05 is and title 4 applicable.			progration submits this statement for the parties board of directors. I hereby acceptions because the parties of the parties o	the appointment as 4/25/9	z registered	
12.	OFFICERS AND		13	·	ADDITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS	O SILVERMAN, ALAN H 6761 ENTRADA PL	☐ DELE	1.2	TITLE NAME STREET ADDRESS		L) Change	Addition	
CITY - ST - ZIP	BOCA RATON FL 33433			CITY-ST-ZIP				
THILE NAME		☐ DELE	TE 21	TITLE	······································	Change	☐ Addition	
STREET ADDRESS	:		2.3	STREET ADDRESS CITY-ST-ZIP	$E_{\Sigma}$ .	Sept. of		
TITLE		☐ DELE	TE 3.1	TITLE NAME		Change	Addition	
STREET ADDRESS	3		3.3	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ DELE	TE 4.1	TITLE NAME		☐ Change	Addition	
STREET ADDRESS CITY+ST-ZIP	;		4.3	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		DELE	TE 5.1	TITLE		Change	Addition	
STREET ADORESS	8		5.3	STREET ADDRESS CITY-ST-ZIP				
TITLE	<u> </u>	DELE		TITLE		Change	Addition	

14. I do 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 cath; 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.

6.4 CITY-ST-ZIP

6.2 NAME 63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Apr 30 1997 8:00am

Secretary of State