

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 23 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 # P95000030506 (6)

1. Corporation Name

ALAN SILVERMAN ASSOCIATES, INC.

Principal Place of Business

6761 ENTRADA PLACE
BOCA RATON FL 33433

Mailing Address

6761 ENTRADA PLACE
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Po Box 811479
Suite, Apt. #, etc.

2a. Mailing Address

26 Po Box 811479
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/14/1995

4. FEI Number

65-0570815

Applied For

Not Applicable

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

22 City & State

23 BOCA RATON, FL.

24 Zip

33481-1479

Country

25 USA

27 City & State

28 BOCA RATON, FL

29 Zip

33481-1479

Country

30 USA

9. Name and Address of Current Registered Agent

SILVERMAN, ALAN
6761 ENTRADA PLACE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

SILVERMAN ALAN

82 Street Address (P.O. Box Number is Not Acceptable)

7515 SIERRA DR.

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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

Alan H. Silverman
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT ALAN H. SILVERMAN 9/15/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
0	SILVERMAN, ALAN H	6761 ENTRADA PL.	BOCA RATON FL 33433	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
		7515 SIERRA DR.	BOCA RATON, FL. 33433																				

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: *Alan H. Silverman* ALAN H. SILVERMAN 9/15/98 561 338 8003

CR2E034 (5/98)