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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034204 (4)

SILVERWOOD INDUSTRIES, INC.

LITHIA FL 33547-1915 US					
08			3. Date Incorporated or Qualified 04/27/1995	Qualified 3a. Date of Last Report 04/16/1996	
2a. Mailing Address			4. FEI Number	1.14	pplied For
26			59-3318897		lot Applicable
Suite, Apt. #, etc.			5. Certificate of Status Desired	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Additional Required
City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Z _i ρ	Country		8. This corporation has liability for i		s. 199.032,
29 Current Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
Current Registered Agent	B1	Name	10. Name and Address of New Re	Sistelati Wilalit	
	82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	83	······································			
	20			Ta-1	A -1-
	84	City		FL 85 Zir	Code
e obligations of, Section 607.0505, Flo	orida Statutes		ion's board of directors. I hereby accep	TATE	is registered
stered agent and title if applicable (NOTI RS AND DIRECTORS	13.	ni signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12
☐ DELETE	1.1 TITLE			☐ Change	
	1.2 NAME	.			
D	1.3 STREET	ADDRÉSS			
	1.4 City-St	r-ZIP			
☐ DELETE	2.1 TITLE			☐ Change	Additio
	2.2 NAME				
D	2.3 STREET	ADDRESS			
	2. 4 CITY-S	T-ZIP			
DELETE	3.1 TITLE	1		Change	Addition
	32 NAME				
	3.3 STREET	i			
DC: EXC	3 4. CITY-S	T-ZIP	<u> </u>	Change	Ladito
DELETE	4.1 TOLE	1		Change	Addition
	4. 2 NAME 4.3 STREET	************			
	4.4 CITY-SI				
DELETE	5.1 TITLE	1-21		Change	Additio
	5.2 NAME)			
	5.3 STREET	ADDRESS			
	1	1			
DELETE	61 TITLE			Change	Additio
	6.2 NAME				
	6.3 STREET	ADDRESS			
	6.4 CITY-S	T-ZIP			
	supplied with this filling does not quali port or supplemental annual report is to ation or the receiver or trustee emptoy	5.4 CITY-S DELETE 6.2 NAME 6.3 STREET 6.4 CITY-S supplied with this filling does not qualify for the executor or supplemental annual report is true and accuration or the receiver or trustee empowered to executation or the receiver or trustee empowered to executation or the receiver or trustee empowered to executation.	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP supplied with this filing does not qualify for the exemption state nort or supplemental annual report is true and accurate and tha	54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute port or supplemental annual report is true and accurate and that my signature shall have the same legal atton or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statute	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my