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

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000057455 (4) SILVER TERRACE, INC. Mailing Address Principal Place of Business **399 CAROLINA AVENUE** 399 CAROLINA AVENUE DO NOT WRITE IN THIS SPACE WINTER PARK FL 32725 WINTER PARK FL 32725 3. Date Incorporated or Qualified 07/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 2296 Wair por 26 2296 WC 59-3330900 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing ショハナ ショクナ Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARMSTRONG, DENNIS 399 CAROLINA AVENUE 82 #250 83 WINTER PARK FL 32789 84 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 Grate 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 objections of 507.0506, Florida Statutes. 2-24-98 SIGNATURE Stunature, typed or prin (NOTE Registered Agent signature required when reinstaling) ered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE ARMSTRONG, DENNIS 1.2 NAME NAME 399 CAROLINA AVE #250 STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2 1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS

64 City-St-ZiP

14. Thereby 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 or an attachment with an address.

1 1 1 1 1 1 1

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

2-24.98

407302 1252

Change

Change

Addition

Addition

10/97

FILED