

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058692 (1)**

1. Corporation Name  
**SILVER TONGUES, INC.**



Principal Place of Business: **19 WEST FLAGLER ST. SUITE 602 MIAMI FL 33130**  
Mailing Address: **19 WEST FLAGLER ST. SUITE 602 MIAMI FL 33130**

3. Date Incorporated or Qualified: **07/31/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0640236**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **16100 U.E. 16th Ave.**  
2a. Mailing Address: **16100 N.E. 16th Ave.**  
23. City & State: **N. Miami Beach, FL**  
28. City & State: **N. Miami Beach, FL**  
24. Zip: **33162**  
25. Country: **U.S.A.**  
29. Zip: **33162**  
30. Country: **U.S.A.**

9. Name and Address of Current Registered Agent  
**HERSH, BRIAN R  
19 WEST FLAGLER ST.  
SUITE 602  
MIAMI FL 33130-4477**

10. Name and Address of New Registered Agent  
81. Name: **DONALD L. EISENBERG**  
82. Street Address (P.O. Box Number is Not Acceptable): **16100 NE 16 AVE**  
83.  
84. City: **N. MIAMI BEACH** FL 85. Zip Code: **33162**

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: *Donald L. Eisenberg* 2/12/96  
Signature typed or printed name of new registered agent (Block 10) (Type in Block 10) Registered Agent Signature (Typed or Printed Name) (Date)

12. OFFICERS AND DIRECTORS

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | PD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | HERSH, BRIAN R               |  |
| STREET ADDRESS | 19 W. FLAGLER ST., SUITE 602 |  |
| CITY-ST-ZIP    | MIAMI FL 33130-4477          |  |
| TITLE          | STD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | TOTE, KIM                    |  |
| STREET ADDRESS | 19 W. FLAGLER ST., SUITE 602 |  |
| CITY-ST-ZIP    | MIAMI FL 33130-4477          |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | DONALD L. EISENBERG     |  |
| 1.3 STREET ADDRESS | 16100 NE 16 AVE         |  |
| 1.4 CITY-ST-ZIP    | N. MIAMI BEACH FL 33162 |  |
| 2.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                         |  |
| 2.3 STREET ADDRESS |                         |  |
| 2.4 CITY-ST-ZIP    |                         |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-ST-ZIP    |                         |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 CITY-ST-ZIP    |                         |  |

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\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: *Donald L. Eisenberg* 6/27/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (12/95)