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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067141

SILVER HANGER OF MAYWOOD, INC.

r incipal i lace of busine		
8638 PHILLIPS HIGHWAY.	SUITE	3
LA OUTO ON BUILDING THE OCOCC		

Mailing Address

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90105 018 ***150.00



8638 PHILLIPS HIGHWAY. SUITE 3 JACKSONVILLE FL 32256 8638 PHILLIPS HIGHWAY. SU JACKSONVILLE FL 32256		SUITE 3			DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 08/30/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 - :		26	-		<u>. </u>	59-3337067		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Zip 24	Country [25]	Zip 29	Coun	try		This corporation owes the current year Int Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered	Agent		
BALL	ZIOCO MOMACI I		{	31 Nan	ne				
DONZIGER, MICHAEL J 8638 PHILLIPS HWY. #3				32 Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)			
JACK	(SONVILLE FL 32256		[1	33					
				B4 City		FL	85 Zij	p Code	
agent. I ai	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	es, the about the state of the	ove-nam by the co	ed corpor progration	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing i ntment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered A	gent signati	re required v	when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PSTD	☐ DELETE	1.1 TITL	E			Change	e 🗌 Addition	
NAME	DONZIGER, MICHAEL J		1.2 NAN	te.		•			
STREET ADDRESS	8638 PHILLIPS HIGHWAY, SUIT	TE 3	1.3 STR	EET ADDRE	ss				
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CFT	-ST-ZIP					
शाLE		☐ DELETE	2,1 TITL	E			Change	e ☐ Addition	
NAME		,	2.2 NAN	E				{	
STREET ADDRESS			2.3 STR	EET ADORE	ss			}	
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NAME			4. 2 NA	WE				ļ	
STREET ADDRESS			4.3 STR	EET ADDRE	ss				
CITY-ST-ZIP			_	/-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	5.1 TITL				Change	e	
NAME			5.2 NA						
STREET ADDRESS				EET ADDRE	SS			ţ	
CITY-ST-ZIP				/-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL				Chang	e 🗍 Addition	
NAME			6.2 NAM	-					
STREET ADDRESS	$G_{i}(G_{i}) \cap G_{i}(G_{i})$		6.3 STR	EET ADDRE	SS				
CITY ST. ZIP	or the set of the first of the first		6.4 CIT	/-ST-ZIP	-		•		

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 arm 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 charged, or organ attach than twith an address, with all other like empowered.

SIGNATURE