

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000096559 (6)

1. Corporation Name

WLD SILVER CENTER, INC.

Principal Place of Business

1 E BROWARD BLVD #1101
FT LAUDERDALE FL 33301

Mailing Address

1 E BROWARD BLVD #1101
FT LAUDERDALE FL 33301-4842

2. Principal Place of Business

21 Suits
LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

2a. Mailing Address

26 LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

23 Zip Country

24 25

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HORVITZ, WILLIAM D
1 E BROWARD BLVD #1101
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

03/07/1996

4. FEI Number

65-0636256

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

LAS OLAS CENTRE

82 Street

450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

83

84 City

FL

85 Zip Code

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

Signature: typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HORVITZ, WILLIAM D
1 E BROWARD BLVD #1101
FT LAUDERDALE FL 33301

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

☐ Change

☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 included, or on an attachment with an address.

SIGNATURE:

[Signature]

CR2E034 (9/96)