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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004593 (5)

SILICON DATABASE, INC.

Principal Place of Business	Mailing Address		
ONE TAMPA CITY CENTER STE 2600 TAMPA FL 33602	ONE TAMPA CITY CENTER STE 2600 TAMPA FL 33602		
2. Principal Place of Business	2a. Mailing Address		

**FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of E	Business	Mailing Address			3 10811241 1(0 10(15 011)) 05(11 05(11 05)) 05(1	*** ***** #****	***************************************
ONE TAMPA CITY CENTER STE 2600 ONE TAMPA CITY CENTER STE . TAMPA FL 33602 TAMPA FL 33602		NTER STE 2600					
		TAMPA FL 33602	TAMPA FL 33602		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	OFACE	
2. Principal Place	of Rusiness	2a. Mailing Address			01/15/1996 4. FEI Number	1 7.	naliad Car
21	Or Dualife 33	<u>⊢</u> ¬			**	<del></del>	pplied For
Suite, Apt. #, etc	<u> </u>	Suite, Apt. #, etc.			59-3358646		ot Applicable
22	•	27			5. Certificate of Status Desired		Additional lequired
City & State		City & State			- 51-13-0-13-15-15-15-15-15-15-15-15-15-15-15-15-15-		<del></del>
23		28			6. Election Campaign Financing Trust Fund Contribution	7	May Be to Fees
Zip	Country	Zip	Countr	v			
24	25	29	30	,	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>		No No
	Name and Address of Curre		1301		10. Name and Address of New Registered		
	EIN, DAVID B		81	Name	10.	7130111	
201 N FRANKLIN ST STE 2600 TAMPA FL 33602		82	82 Street Address (P.O. Box Number is Not Acceptable)				
IAMPA	FL 33602		83	<del> </del>	***************************************		········
			"	1			
			84	City		<b>85</b> Zip	Code
				<u> </u>	FL		
office or registe	provisions of Sections 607.05 ered agent, or both, in the State	02 and 607.1508, Florida <b>Sta</b> e of Florida. Such change wa	itules, the abov as authorized b	re-named co v the corpor	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	of changing i	its registered
agent. I am fan	niliar with, and accept the obliq	yations of, Section 607. <b>0</b> 5 <b>0</b> 5,	Florida Statute	is.	and the second of the second o	politimo in de	7 10 9 10 10 10 10 10
SIGNATURE							
<del></del>	ure, typed or printed name of registured ag			ont signature rec	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
	/TS	☐ DELETE	1.1 TITLE	- 1	DOHTON, WALLARDT.	change	☐ Addition
	RATTEN, WALLACE T		1.2 NAME		BRATTON, WALLACT. 8988 ANDREACT HEWBURGH, IN 4.		
	H <del>3 BAYSHORE BLVD #20</del>	<del>-</del>	1.3 STREE	T ADDRESS	110000000000000000000000000000000000000	7/ 74	
	HMPA FL		1.4 CITY-	ST-ZIP	NEWBURGH, IN 4	1620	
TITLE		☐ DELETE	. 2.1 TITLE		See	☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREE	T ADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	DELETE 4.11		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CiTY-5				
TITLE		☐ DELETE	51 TITLE			Change	☐ Addition
NAME 1			5.2 NAME			-	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY - 1				İ
TITLE		DELETE	6.1 TITLE	ZI EII		Change	Addition
NAME		band promit The	6.2 NAME			sumigo	
STREET ADDRESS				r ADODCCC			l
1			6.3 STREE				j
CITY-ST-ZIP	that the information cumuliad u	Ob this Disc stone as = = = = = = = = = = = = = = = = = =	6.4 CITY - 1		in Continue 440 07/2V/) Clayida Distrito I f. dise		

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the informatic 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.