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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000104014 (1)

JOHN J SILVIA INC

Principal Place of Business	Mailing Address	
8413 JACARANDA AVE SEMINOLE FL 33777-3619	8413 JACARANDA AVE SEMINOLE FL 33777-3619	

FILED May 01 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

Suite, Apt. #, etc.											12/23/1996	1 1	4-4-		
Suite, Apt #, etc. 22 27 City & State City & State 28 29 20 20 Country Zip Nome Bit Name Address of Countrangle is registered Zip Zip Zip Zip Zip Country Zip Nome Bit Name Address of New Regilatered Agent Xin Address (P.O. Box Number is Not Acceptable) Signal Law Zip Zip Zip Zip Zip Zip Zip Zi	 1					Malling Address				4. FEI Number	·····	LA	plied For		
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City & State City & Country Zip Country Zip Country Signature and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 22. State Address (P.O. Box Number is Not Acceptable) 82. Street Address (P.O. Box Number is Not Acceptable) 83. Street Address (P.O. Box Number is Not Acceptable) 84. City FL 85. Zip Code 11. Pursuant to the provisions of Sections 607 (500. Florids Statutes 85. Street Address (P.O. Box Number is Not Acceptable) 86. City Signature and Registered Agent 87. Street Address (P.O. Box Number is Not Acceptable) 88. Street Address (P.O. Box Number is Not Acceptable) 89. Street Address (P.O. Box Number is Not Acceptable) 80. Street Address (P.O. Box Number is Not Acceptable) 80. Street Address (P.O. Box Number is Not Acceptable) 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Street Address (P.O. Box Number is Not Acceptable) 84. City FL 85. Zip Code 11. Pursuant to the provisions of Sections 607 (500. Florids Statutes 85. Street Address (P.O. Box Number is Not Acceptable) 86. City Signature Agent is an accept the epoclarization of the section of t	├ ─┐ ' '				— —						5. Certificate of Status Desired				
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SEMINOLE FL 33777-3619 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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 registere agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. City: 51.72P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 29. ADDITIONS/CHANGES TO OFFICERS									Mamo		10, Name and Address of New	registered .	Agent		
SEMINOLE FL 33777-3619 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 registere of 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 registere significant with, and accept the obligations of, Section 607 0506, Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 1.1 TITLE DELETE 1.2 TITLE DELETE 1.2 TITLE 2.2 NAME SIRREL ADDRESS CITY -ST-2P TITLE DELETE 3.3 TITLE 3.2 NAME SIRREL ADDRESS CITY -ST-2P TITLE DELETE 3.3 TITLE 3.4 CITY -ST-2P TITLE DELETE 3.4 CITY -ST-2P TOTAL Pursuant to the provisions of Sections 607 0506, Florida Statutes. The purpose of change is registere agreeted by the corporation submits this statement for the purpose of change is registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this statement for the purpose of changing lits registere above-named corporation submits this above named literature. Interpolation submits this above named literature. Interpolation submits	ZEOLI, SAM Jri.									,					
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Billing of tegristric agent, and accept the appointment as registere agent. Tariffamiliar with, and accept the obligations of, Section 607.0505, Floridad Statutes. SIGNATURE Signature, typacd or printed name of registered agent and title of applicable. PROTE: Registered Agent algoritum required when remailing) DATE									•				, ¨		
SIGNATURE Signature, typed or printed name of registered agent and inn if applicable (NOTE Temperature agent and when remaining) DATE	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														
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12.	SIGN														
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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 path;	14. I c	do hereb	y certify tha	t the information sup	plied with this film	g does not qual	lify for the	exer	motion s	stated in	Section 119.07(3)(i), Florida State	ites. I further	certify that	the	

4. I do nereby certify that the information supplied with this filing does not quality 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 12 of Changed or on an attachment with an address.

SIGNATURE

4/93/97 9/154892.