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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000003901 (0)

SILVER LIONS MOTEL AND APARTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Mar 19 1998 8:00am Secretary of State



Timorpal Video or Education								1
504 S. DIXIE LAKE WORTH		504 S. DIXIE HIGHWAY LAKE WORTH FL 33460				DO NOT WRITE IN THIS SF	ACE	
							7101	
						3. Date incorporated or Qualified 01/09/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21		26				65-0721313	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27					Fee R	equired
City & State	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Zip Country Zi		Country			8. This corporation owes or has paid the curre		
24	25 29		30]			Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curren	it Registered Agent				10. Name and Address of New Registered A	jent	
BR	own, Elizabeth M			81	Name			
C/O FIORELLO INCOME TAX SERVICE				82 Street Address (P.O. Box Number is Not Acceptable)			· /	
3094 JOG ROAD				-	3,, 20,,,,			
	EENACRES FL 33463			83				
4 10	ELIVIORES I E GOTGO				0.0		A=1 715	Oods
				84	City	FL	11 '	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	tes, the al	pove	-named c	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	hanging i	its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpo	oration's board of directors. I hereby accept the appoi	ntment as	registered
agent i a	im familiar with, and accept the oblig-	ations of, Section 607:0005, P	ionoa stat	uies	> .			
SIGNATURE	Signature, typed or printed name of registered agr	vol and title if applicable (NO	TF Bonietore	d Ans	ot elegature r	equired when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 10	TLE			Change	Addition
NAME	MUSCAN, TEODOR		1.2 N		- 1		_	
	504 S. DIXIE HIGHWAY				10000000			,
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP	LAKE WORTH FL 33460	T STICK		TY-S	1-ZIP		Change	Addition
TITLE	VD DELETE			2.1 TITLE				Caj radillon
NAME	MUSCAN, AGATIA			2.2 NAME				
STREET ADDRESS	504 S. DIXIE HIGHWAY		2.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33460		2.40	ITY-S	1-ZIP			
TITLE	STD DELETE			3.1 TITLE		L	Change	Addition
NAME	MUSCAN, ADINA		3.2 N	AME				
STREET ADDRESS	504 S. DIXIE HIGHWAY		3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33460		3.4.0	ity-s	ST-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE			Change	Addition
NAME			4.2 N	IAME				
STREET ADDRESS			4.3 \$	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP			
TITLE		DELETE	5.1 1				Change	Addition
NAME	IV.	5/198	5.2 N	AME				
STREET ADDRESS	محط برين	1111			ADDRESS			
	, cest				T- ZIP			
CITY-ST-ZIP TITLE	MON MON	DEL TE	6.1 TI		1-411		Change	L] Addition
· ·	1 1874		6.2 N			•		
NAME		14x			1DODECC			
STREET ADDRESS	PAID CELL HOR	7`			ADDRESS			
CITY - ST - ZIP					T-ZIP	d in Section 119 07/3)(i) Florida Statutes I further cert	14 - 44 - 1 Ab	- (-(

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 chapter 607, or on an attachment with an anderess.