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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023273 (0)

SILVER SHIELD, INC.

Principal Place of Business	Mailing Address	
954 FOUNTAINHEAD DRIVE LARGO FL 34640	954 FOUNTAINHEAD DRIVE LARGO FL 34640	

FILED Feb 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				- I SANTINDA ITA TATU INDIY DOLTU KATIL DATIL DATIL	THE GLAND HALL BLAND I	8600 1111 1 00 1		
954 FOUNTAINHEAD DRIVE LARGO FL 34640		954 FOUNTAINHEAD DRIVE						
		LARGO FL 34640						
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified		
- B: :: -) B	land of Bulletin	1 - 14-7/				03/10/1997		
	lace of Businoss	2a. Mailing Address				4. Eldumbaru 2 1 7 17		Applied For
21 Cuito Apt	4 44	26 Suite, Apt. #, etc.				3 1 073 7 - 1		Not Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		Additional Required		
City & State	3	City & State				5 Flority Company Floridge		-
23	•	28				6. Election Campaign Financing Trust Fund Contribution		D May Be d to Fees
Zip			Coun	iry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes		No No
	g, Name and Address of Curre	~	1			10. Name and Address of New Regist	ered Agent	
GO	RDON, JEANETTE M		8	31	Name			
	FOUNTAINHEAD DRIVE			2	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
	RGO FL 34640			~	Stroet Muuro	sas (F.O. Box Number is Not Acceptable)		
			ε	33				
			-	14	City		85 Zip	Code
				'	Oity		FL " Z	Code
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized	by t	named corporation	pration submits this statement for the purpo on's board of directors. I hereby accept the	ose of changing appointment a	its registered is registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statul	ι ο s.				
SIGNATURE	Signature typod or printed name of registered as	gout and title if sorticable (NI	M. Henislared	Sacal	I s gradure regure	d when reinstaling) D	ATE	
12.		ND DIRECTORS	13.	· gon	Tograma Togste	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	DELETE	1.1 T(TL	E			☐ Change	
NAME	GORDON, JEANETTE M		1.2 NAM	ΙE				
STREET ADDRESS			1.3 STRE	1.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33770			·st.	- ZiP			
TITLE				21 TITLE			Change	Addition
NAME		22		ΙE	ļ			
STREET ADDRESS			2.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP			2. 4 CIT	/- ST	- ZIP			
TITLE		DELETE	3.1 TI7ul	Ē			Change	☐ Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3 3 STRE	ET A	ADDRESS			
CITY-ST-ZIP			3.4. CiT1	/-SI	-ZIP			
TITLE		☐ DELETE	4.1 T/TL/	E			L Change	Addition
NAME			4. 2 NAN	AE.				
STREET ADDRESS			4.3 STR	ET A	ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-	- ZIP			
TITLE		☐ DELETE	5.1 TITU	E			∐ Change	Addition
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET AI	iddress			
CITY-ST-ZIP			5.4 City	- 51-	- Z(P			
TITLE		☐ DELETE	6.1 T(TL)				Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET A	.DDRESS			

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 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