## Apr 14, 1999 8:00 am Secretary of State

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04-14-1999 90127 009 \*\*\*150.00

## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State

לו	1999	DIVISION OF CO	ORPORATIONS			
DOCU!	MENT # P97000	032631	<u> </u>			
THE SILVERS ENTERPRISES INC.						
Principal Place	e of Business	Mailing Address		· \$ (88 )185 (18 ) dtil (881) 6810) 8811 8810 881		11120 1007 1004
330 MYRTICE A	avenue	330 MINTICE AVENUE				
Suite 67 Merritt Islan	ath Et 22053	SUITE 63 MERBIPT ISLAND FL 32953		DO NOT WRITE IN TH	IS SPACE	
MENHITIOEAN	AD 12 02000	manufacture ( 2 sesse		Date Incorporated or Qualifed     04/10/1997		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
21		26 430 Alabo	rma Ave	59-3441981		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5Certificate of Status Desired	\$8.75 A Fee Re	
City, & State	0	City & State		8. Election Compoign Financing	\$5.00-	
23		28 PICKRUTT IS	Country	Trust Fund Contribution	Added to	o Fees
Zlp	Country	210 C2 To	BREWARD	<ol> <li>This corporation owes the current year I Personal Property Tax.</li> </ol>	ntangiole ☐Yes 🌣	No
24	9. Name and Address of Curren		UISKELARO	10. Name and Address of New Registere		
	a. Hamb till Hadred by Carren		81 Name	<u> </u>		
	ERS, CELESTE M		B2 Street Addr	ress (P.Q. Box Number is Not Acceptable)	<del></del>	
	MYRTICE AVENUE		430	Hlabama Ave	<u>.                                    </u>	
SUIT			83			
MER	RITT ISLAND FL 32953	. 1	84 City //	eritt Island F	85 Zip C	ode
44 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 and SD2 1550 Ehydra Statutes	the shows named com	existing submits this statement for the purpose	of changing its	953 registered
office or n	egistered agent, or outh, in the State	of Florida. Such change was aut	horized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ger es framtnio	istered
	m tamillar with and ascapt the control	tions by Section 607,0605, Fiolio	ia Jiainies.	2/_ > 92	-49	ľ
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SIGNATURE	Signature, typed-of printed name of registered ager	n articulta if application. (NOXE: R	egistered Agent signature require			
12.	OFFICERS AN	D DIRECTORS-	13.	ad when revisiting)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	T Addition T
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12. TITLE NAME	D SILVERS, CELESTE M	D DIRECTORS-	13. 1.1 TITLE 12 NAME	ed when remetating) DATE	ND DIRECTOR	T Addition V
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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 acceptable 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 all attactionent with an address with all other like empowered.

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Silvers

1\_31-9.9 (407) 960-4303