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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000066719

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90006 043 ***150.00



SILVERV	ving systems, inc.									 	
Principal P ace	e of Business	Mailing Address] '"	DOLUMAL IIA FOSIS IRDIFI	 	# 11# # 111# # 111	1 18881 1	1818 1811 1881
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22	,	27				5. Certifoa	te of Status Desi	red 🗌	Fe	e Req	uired
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23		28				Trust F	and Contribution		Ad	ided to	Fees
Zip	Couritry	Zip	Coun	itry		8. This co	rporation owes th	e current yea			
24	25	29	30				al Property Tax.		Yes		₽No
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name	and Address of	New Register	d Agent		
TAVI	LOD MADY		Ι,	81 Nam	ne						į.
	LOR, MARK 9 HEDGEFIELD CT			82 Stre	et Addre	ss (P.O. Bo)	Number is Not A	cceptable)			
	LAHASSEE FL 32312		_								
TALL	LAHASSEE FL 32312		1	83							
			ļ.	84 City					85	Zip C	ode
	to the provisions of Sections 607.050							-	<u>- [</u>		
office ∢rn agent. ∣a	registered agent, or both, in the State im familiar with, and arcept the obliga	etr Florida. Such change was attons of, Section 607.0505, Fil	มนเกอกzea orida Statu	by the co tes.	rporatio	n s board or c	irectors. I nereby	accept the ap	դ տուսությու	as ieg	stered
SIGNATUFE						- had roinstating)		DATE			
	Signature, typed or printed na ne of registered age	and title if applicable. (NOT	E Registered A		ıre reqi ired	when reinstating)	NS/CHANGES T	DATE O OFFICERS		ECTOF	:S IN 12
12.	Signature, typed or printed na ne of registered age OFFICERS AI			Agent signatu	ure required		NS/CHANGES T				IS IN 12
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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 accurate and that my signature shall have the same legal effect as if made under eath; 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 attach right with an address, with a little empowered.

SIGNATURE:

MARK TAYLOR

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850-386-8510