PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105115

1. Corporation Name

PARK PROMENADE, INC.

NEW NAME :

SILVER MOUNTS CORP.

FILED 34-99-

Seer ATTACHED

Principal Place of Business

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90130 050 ***150.00



WINTER PARK FL 32789 WINTER PARK FL 32789	
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	12/15/1997
2. Principal Place of Business 2a. Mailing Address POINT	4. FEI Number Applied For
21 SILVER AT CITYWALK 26 1245 HOWELL BROWN Suite, Apt. #, etc. 6000 UNIVERSAL Suite, Apt. #, etc.	59-3493273 Not Applicable
22 BUILDING 735B BLVD, 27	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 ORLANDO FL - ORANGE 28 WINTER PARK FL	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible
24 32819 25 USA 29 32789 30 USA	Personal Property Tax. Yes No
9, Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAN BERG, CAROLINE M	ROLINE M. VAN DEN BERG
021 GEODGIA AVENI IE 82 Street Add	dress (P.O. Box Number is Not Acceptable)
WINTED DADY EL 20700	45 HOWELL POINT
WINTER PARK PL 32/89	
84 City 1	85 Zip Code
	INTER PARK PL 32789
 Pursuant to the provisions of Sections 607/05/02 and 607.15/08, Florida Statutes, the above-named con office or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent. I any familiar with, and accept the obligations of Section 507.0505, Florida Statutes. 	poration submits this statement for the purpose of changing its registered
agent. I amy familiar with, and accept the obligations of Section 507.0505, Florida Statutes.	autis board of directors, riterary accept the appointment as registered
SIGNATURE Signature, typed or project game of registered agent and other applicable. (NOTE: Registered Agent signature requir	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE P	RESIDENT DIRECTOR Change Addition
MANAGEN DEDG. GARGANIE 44	
STREET ADDRESS 921 GEORGIA AVENUE 1.3 STREET ADDRESS 1	245 HOWELL POINT
STREET ADDRESS 921 GEORGIA AVENUE 1.3 STREET ADDRESS 1	
STREET ADDRESS 921 GEORGIA AVENUE 1.3 STREET ADDRESS 1 CITY-ST-ZIP WINTER PARK FL 32789 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE	245 HOWELL POINT NINTER PARK, FL 32789
STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME	245 HOWELL POINT NINTER PARK, FL 32789
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STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 1.4 CITY-ST-ZIP VITLE DELETE 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME NAME 3.2 NAME 3.2 NAME	245 HOWELL POINT NINTER PARK, FL 32789
STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	245 HOWELL POINT NINTER PARK, FL 32789
STREET ADDRESS Q21 GEORGIA AVENUE 1.3 STREET ADDRESS Q17-ST-ZIP WINTER PARK FL 32789 1.4 CITY-ST-ZIP Q17 TITLE Q22 NAME 2.2 STREET ADDRESS Q23 STREET ADDRESS Q24 CITY-ST-ZIP Q24 CITY-ST-ZIP Q25 STREET ADDRESS Q25	245 HOWELL POINT WINTER PARIX, FL 32789 Change Addition
STREET ADDRESS 921 GEORGIA AVENUE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP WINTER PARK FL 32789 1.4 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.7 CITY-ST-ZIP	245 HOWELL POINT NINTER PARK, FL 32789
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14. I hereby certify that the information supplied with this filling 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 of supplemental armust report is true and acceptate 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 of 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, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date