## FILE NOW: FILING FEE AFTER MAY 18T IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9800884641/
1. Corporation Name

Silhouette management Corp

**FILED** Jun 04, 1999 8:00 am Secretary of State

06-04-1999 90008 027 \*\*\*150.00

| Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  5. Certifcate of Status Desired Fee Required  Fee Required  \$5.00 May Be   |                 |   | •                                  |               |                        |   |                                    |                        |
|--|-----------------|---|------------------------------------|---------------|------------------------|---|------------------------------------|------------------------|
| 2. Principal Place of Business 2. Analing Address 2. Principal Place of Business 2. Sulfe, Apt. #, etc. 2. Cry & State  Sulfe, Apt. #, etc. 2. Cry & State  City & State   | Principal Place | e of Business                             |                                    | -             | _                      |   |                                    |                        |
| 2. Principal Place of Business 2. Analing Address 2. Principal Place of Business 2. Sulfe, Apt. #, etc. 2. Cry & State  Sulfe, Apt. #, etc. 2. Cry & State  City & State   | ス.              | 527 Extler Dr                             | 3537 Eas                           | stlak         | e Dr                   |   |                                    |                        |
| 2. Principal Place of Business 2. Analing Address 2. Principal Place of Business 2. Sulfe, Apt. #, etc. 2. Cry & State  Sulfe, Apt. #, etc. 2. Cry & State  City & State   | Lar             |   |                                    | do' Lakes Fr. |                        | DO NOT WRITE IN THIS SPACE  |                                    |                        |
| 2. Principal Piloco of Business   2. Maining Address   3. File Number   3. Septide 73   Applied For Not Applicable   38.75 Additional   5. Centificate of Status Desired   58.75 Additional   58.75 Additional   5. Centificate of Status Desired   58.75 Additional   58.75 Additio   | LC              | ando Lakes FL                             | 7                                  | 21/10         | <u> </u>               | 3. Date Incorporated or Qualifed  |                                    |                        |
| 2. Principal Piloco of Business   2. Maining Address   3. File Number   3. Septide 73   Applied For Not Applicable   38.75 Additional   5. Centificate of Status Desired   58.75 Additional   58.75 Additional   5. Centificate of Status Desired   58.75 Additional   58.75 Additio   | 58639           |   |                                    |               | 5                      | 10-15-98  |                                    |                        |
| Suite, Apt. #, etc.    22  |                 |   |                                    |               |                        | 4. FEI Number   | Ap                                 | plied For              |
| Soute, Apt. 8, etc.    20  | 21              |   | 26                                 |               |                        | 59-355407   | 3 No                               | ot Applicable          |
| City & State   |                 | #, etc.                                   | Suite, Apt. #, etc.                |               |                        | 5 Certificate of Status Desired   | •                                  | I .                    |
| 22   Zip   Country   Zip   Country   Zip   Country   Added to Fees   Added to Fees   Zip   Country   Zip   Zip   Country   Zip   Zip | 22              |   | 27                                 |               |                        | 3. Octimodic of Citation District   | Fee Re                             | guired                 |
| Zip    |                 | е   | City & State                       |               |                        |   |                                    |                        |
| 9. Name and Address of Current Registered Agent  ReeSS , Michael K 30436 US Highway 19 N.  Palm Harbor , FL 34684 B City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent on the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.6505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.6505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.6505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.6505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.6505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.6505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.6505. Florida Statutes the Information appear are tree agent agent and accept the accept agent age | 23              | Ownter                                    | <del></del>                        | Count         |                        | <del></del>   |                                    | to Fees                |
| 9. Name and Address of Current Registered Agent  ReeSE, Michael K 30426 US Highway I9 N.  Palm Harbor, FL 34684  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familier with, and eacept the obligations of, Section 607,0502 and 607,1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familier with, and eacept the obligations of, Section 607,0502 and 807,1508. Florida Statutes. Statutes a utilificated by the corporation's board of directors, i hereby accept the appointment as registered agent. I am familier with, and eacept the obligation of, Section 607,0506. Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  TITLE  DIRECTORS  VERT HAKASIOW  STREET ADDRESS  CITY 51.2P  ITILE  DELETE  1 TITLE  DELETE | <del>-</del>    |   | h '                                |               | ry                     | 1   |                                    |                        |
| Reess, Michael K 30426 US Highway I9 N.  Palm Harbor, RU 34684 B  11. Pursuant to the provision of Sections 607,0502 and 607,1508, Florida Statutes, the above -named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, and both, in the State of Forida. Statutes, the above -named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Statutes, S | 24              |   | <u>11</u>                          | <u>:0  </u>   |                        |   |                                    |                        |
| ### State ### St |                 | ^   |                                    | 8             | 1 Name                 | To. Name and Addison of the Western   |                                    |                        |
| ### State ### St |                 | Keese, Michae                             | el K                               |               |                        |   |                                    |                        |
| 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.  |                 | 21.1121 116 L                             | Linhan IGNI                        | 8             | 2 Street Addr          | ress (P.O. Box Number is Not Acceptable)  |                                    |                        |
| 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.  |                 | 20426 UD C                                | aynway vilv.                       | 8             | 3                      |   |                                    |                        |
| 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.  |                 | talm Harbor                               | F) ZULQIL                          |               |                        |   | 0.5 7: /                           | Cada                   |
| 11. Persuant to the provisions of Sections 607 0502 and 607 1509. Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY ST. 2P  15. TARGET ADDRESS  15. STREET ADDRESS   |                 | · · · · · · · · · · · · · · · · · · ·     | 16 39007                           | 8             | 4 City                 | F   | L  85   Zip (                      | Loge                   |
| SIGNATURE    Signature, lybed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature increased when remistating)   DATE  | office or re    | egistered agent, or both, in the State of | Florida, Such change was auti      | horized b     | y the corporation      | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its<br>pointment as re | registered<br>gistered |
| Signature, hoped or protect name of registered agent and title of applications.   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   | . 3             | m familiar with, and accept the obligatio | ns of, Section 607.0505, Florid    | ia Statute    | 35.                    |   |                                    |                        |
| TITLE DIPPERTOR  NAME KEPTHAK OS JOW  STREET ADDRESS  CITY-ST-ZIP  AND DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  1.2 TITLE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  1.4 CITY-ST-ZIP  DELETE  3.1 TITLE  1.4 CITY-ST-ZIP  DELETE  3.1 TITLE  1.4 CITY-ST-ZIP  DELETE  3.4 CITY-ST-ZIP  DELETE  4.4 CITY-ST-ZIP  DELETE  4.5 NAME  4.5 STREET ADDRESS  4.4 CITY-ST-ZIP  ADDRESS  4.4 CITY-ST-ZIP  DELETE  4.5 NAME  4.5 STREET ADDRESS  4.4 CITY-ST-ZIP  DELETE  5.5 NITLE  1.5 NAME  4.5 STREET ADDRESS  4.4 CITY-ST-ZIP  DELETE  5.5 NITLE  1.5 NAME  5.7 NAME  5.7 NAME  5.7 NAME  5.8 STREET ADDRESS  6.8 STREET ADDRESS  6.8 STREET ADDRESS  6.8 STREET ADDRESS  6.8 STREET ADDRESS  6.9 STREET ADDR |                 |   |                                    | <u> </u>      | jent signature require | o whom romouning)   | AND DIRECTO                        | DC IN 12               |
| IZ NAME STREET ADDRESS CITY-ST-ZP |                 |   |                                    | _             |                        | ADDITIONS/CHANGES TO OFFICERS   |                                    |                        |
| STREET ADDRESS CITY-ST-ZP LANC LAKES FL 3463 9 TITLE T | ł               |   | רו מכרבוב                          |               |                        |   | onungo                             |                        |
| CITY-ST-ZIP  |                 | REPTHINGSION                              |                                    |               |                        |   |                                    | )                      |
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| 23 STREET ADDRESS   24 CITY-ST-ZIP   |                 |   | ☐ DELETE                           |               |                        |   | <del></del>                        |                        |
| CITY-ST-ZIP  |                 |   |                                    |               |                        |   |                                    |                        |
| TITLE DELETE 31 TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE DELETE 41 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 4.1 TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  Addition  NAME  STREET ADDRESS  STREET ADDRESS  ACITY-ST-ZIP  TITLE  Addition  Addition  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE  Addition  Addition  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE  Addition  Addition  Addition  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE  Addition  Addition  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  ACITY-ST-ZIP  TITLE  Addition  Addition |                 |   |                                    |               |                        |   |                                    |                        |
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| TITLE  NAME  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  1.3 STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  SA CITY-ST-ZIP  TITLE  1.4 Little  1.5 STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  1.4 Little information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.   further certify that the information  | }               |   |                                    |               |                        |   |                                    | ļ                      |
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| STREET ADDRESS CITY-ST-ZIP  ### ACITY-ST-ZIP    DELETE   | ļ               |   |                                    | I.            |                        |   |                                    |                        |
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| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  | į               |   |                                    | 5.3 STRE      | ET ADDRESS             |   |                                    | -                      |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information   |                 |   |                                    | 5.4 CITY-     | -ST-ZIP                |   |                                    | }                      |
| NAME  STREET ADDRESS  CITY-ST-ZIP  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   | - 1             |   | ☐ DELETE                           | 6.1 TITLE     |                        |   | Change                             | Addition               |
| STREET ADDRESS CITY-ST-ZIP  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  | [               |   |                                    | 6.2 NAME      | <b>E</b>               |   |                                    |                        |
| 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  | 1               |   | / //                               | 6.3 STRE      | ET ADDRESS             |   |                                    |                        |
| 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  | CITY-ST-ZIP     |   | ′ ′/                               |               |                        |   |                                    |                        |
|  | 14. I hereby c  | ertify that the information supplied with | this filing does not qualify for t | he exemp      | otion stated in S      | Section 119.07(3)(i), Florida Statutes. I further   | certify that the in                | nformation             |

the receiver or tessee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an adaptment with an address, with all other like empowered. officer or director of the corporation
Block 12 or Block 13 if/changed or