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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																
<div style="display: flex; justify-content: space-between;"> <div> DOCUMENT # V41273 1. Corporation Name S.I.L. INVESTMENTS, INC. </div> <div style="font-size: 2em; font-weight: bold;">(6)</div> </div>																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Principal Place of Business 481 W OAK STR STE A KISSIMEE FL 34741 US </div> <div style="width: 48%;"> Mailing Address 481 W OAK STR STE A KISSIMEE FL 34741-6624 US </div> </div>																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country </div> </div> <div style="width: 48%;"> 2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">30</div> Country </div> </div> </div>																																																																																		
9. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> CANALES, ANGELO 481 W OAK STR STE A KISSIMEE FL 34741 </td> <td style="width: 20%; padding: 5px;"> 81 Name 82 Street Address 83 84 City </td> </tr> </table>			CANALES, ANGELO 481 W OAK STR STE A KISSIMEE FL 34741	81 Name 82 Street Address 83 84 City																																																																														
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																																																																																		
SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required))																																																																																		
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>CHAPPEL, CHRISTOPHER M</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>481 W OAK STR, STE A</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>KISSIMEE FL</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td></td> </tr> <tr> <td>NAME</td> <td>LINK, MICHAEL H</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>481 W OAK STR, STE A</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>KISSIMEE FL</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> DELETE		NAME	CHAPPEL, CHRISTOPHER M			STREET ADDRESS	481 W OAK STR, STE A			CITY - ST - ZIP	KISSIMEE FL			TITLE	D	<input type="checkbox"/> DELETE		NAME	LINK, MICHAEL H			STREET ADDRESS	481 W OAK STR, STE A			CITY - ST - ZIP	KISSIMEE FL			TITLE		<input type="checkbox"/> DELETE		NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> DELETE		NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> DELETE		NAME				STREET ADDRESS				CITY - ST - ZIP			
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																																																		
SIGNATURE: _____ SIGNATURE REQUIRED Christopher																																																																																		



CR2E034 (9/96)