

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

SE MAY - 1 AM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56888 (3)

1. Corporation Name
SILVER WOODS BEAR CO.

Principal Place of Business: **2031 N.W. 109 AVENUE
PEMBROKE PINES FL 33026**
Mailing Address: **2031 N.W. 109 AVENUE
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/10/1992	3a. Date of Last Report 04/25/1994
4. FEI Number 65-0351896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. Has the corporation had liability changes to its charter under B-190.030, Florida Statutes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
No. of Officers 24	No. of Directors 29
30	30

9. Name and Address of Current Registered Agent

**SILVER, FRANCES M.
2031 N.W. 109 AVENUE
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0903 and 607.1508, Florida Statutes, the above named corporation certifies the statement for the purposes of a change of registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby withdrawing the objections of Section 607.0905, Florida Statutes.

SIGNATURE

By _____, Secretary of State, I hereby certify that this is a true and correct copy of the original filed with me.

By _____, Registered Agent, I hereby certify that this is a true and correct copy of the original filed with me.

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12-1 NAME STEP # ADDRESS CITY STATE	D SILVER, FRANCES M. 2031 N.W. 109 AVENUE PEMBROKE PINES FL	13-1 12-1 NAME 13-1 STREET ADDRESS 13-1 CITY STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 NAME STEP # ADDRESS CITY STATE	D SILVER, PETER L. 2031 N.W. 109 AVENUE PEMBROKE PINES FL	13-2 12-2 NAME 13-2 STREET ADDRESS 13-2 CITY STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 NAME STEP # ADDRESS CITY STATE		13-3 12-3 NAME 13-3 STREET ADDRESS 13-3 CITY STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 NAME STEP # ADDRESS CITY STATE		13-4 12-4 NAME 13-4 STREET ADDRESS 13-4 CITY STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME STEP # ADDRESS CITY STATE		13-5 12-5 NAME 13-5 STREET ADDRESS 13-5 CITY STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 NAME STEP # ADDRESS CITY STATE		13-6 12-6 NAME 13-6 STREET ADDRESS 13-6 CITY STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required by the corporation stated in this law (1993-006) Florida Statutes. I further certify that the information included 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 oath. That I am an officer or director of the corporation or the receiver or trustee empowered to use this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of filers of this report or on any attachment with an address.

SIGNATURE: *Peter L. Silver* **PETER L. SILVER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 (305) 491-8424