

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V56888 (3)
 1. Corporation Name
SILVER WOODS BEAR CO.



Principal Place of Business 2001 N.W. 109 AVENUE PEMBROKE PINES FL 33026	Mailing Address 2001 N.W. 109 AVENUE PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10940 N.W. 15th St. Suite, Apt. #, etc.		2a. Mailing Address 26 10940 N.W. 15th St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/10/1992	
22 City & State 23 Pembroke Pines, FL Zip Country 24 33026 25 U.S.A.		27 City & State 28 Pembroke Pines, FL Zip Country 29 3 30 U.S.A.		4. FEI Number 65-0351896 Applied For 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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SILVER, FRANCES M. 2001 N.W. 109 AVENUE PEMBROKE PINES FL 33026				10. Name and Address of New Registered Agent 81 Name Arthur Palermo Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 10940 N.W. 15th St. 83 84 City Pembroke Pines FL 85 Zip Code 33026	
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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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 1/28/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SILVER, FRANCES M.	1.2 NAME		2141 Stonehenge Drive			
STREET ADDRESS	2001 N.W. 109 AVENUE	1.3 STREET ADDRESS		Raleigh, NC 27615			#1
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SILVER, PETER L.	2.2 NAME		2141 Stonehenge Drive			
STREET ADDRESS	2001 N.W. 109 AVENUE	2.3 STREET ADDRESS		Raleigh, NC 27615			#1
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Treasurer			
NAME		3.2 NAME		Arthur Palermo Jr.			
STREET ADDRESS		3.3 STREET ADDRESS		10940 N.W. 15th St.			
CITY-ST-ZIP		3.4 CITY-ST-ZIP		PEMBROKE PINES FL 33026			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 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 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 oath; 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 attachment with an address.

CR2E034 (10/97)