

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M44031** (6)

1. Corporation Name
SILVERLANE REALTY, INC.



Principal Place of Business Mailing Address
% BARRY SILVERMAN
19553 NE 37TH AVE
NO. MIAMI BEACH FL 33180

3. Date incorporated or Qualified **12/30/1986** 3a. Date of Last Report **01/24/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 11-2344645	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	30 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROSEN, GENE S.~~
~~1550 N.E. MIAMI GARDENS DRIVE~~
~~STE. 305~~
~~NO. MIAMI BEACH FL 33179~~

Barry Silverman M.D.
19553 NE 37th Avenue
Aventura Florida →

81 Name *Barry Silverman M.D.*
82 Street Address (P.O. Box Number is Not Acceptable) *19553 NE 37th Avenue*
83
84 City *Aventura* FL 85 Zip Code *33186*

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 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 *Barry Silverman MD*

DATE *1/18/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, BARRY	2. NAME	
STREET ADDRESS	1550 NE MIAMI GDN DR. 19553 N.E. 37 AVE	3. STREET ADDRESS	
CITY-STATE-ZIP	NO. MIAMI BEACH FL 33180	4. CITY-STATE-ZIP	
TITLE	VPO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDER, STEPHEN	2. NAME	
STREET ADDRESS	1550 N.E. MIAMI GDN DR.	3. STREET ADDRESS	
CITY-STATE-ZIP	N. MIAMI BCH. FL 33180	4. CITY-STATE-ZIP	
TITLE	STD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, ALVIN	2. NAME	
STREET ADDRESS	1550 N.E. MIAMI GDN DR.	3. STREET ADDRESS	
CITY-STATE-ZIP	N. MIAMI BCH. FL 33180	4. CITY-STATE-ZIP	
TITLE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Barry Silverman MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1/18/96* 305 9371999
City/State/Phone #

CR2E034 (12/95)