

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

95 MAY -1 PM 2:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J27941 (0)

1. Corporation Name
SILKMASTERS, INC.

Principal Place of Business Mailing Address

4405 S.W. 35TH TERRACE SUITE 1 GAINESVILLE FL 32608

4405 S.W. 35TH TERRACE SUITE 1 GAINESVILLE FL 32608

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business 2a. Mailing Address

21 State Apt. #, etc. 26 State Apt. #, etc.

22 City & State 27 City & State

23 ZIP 28 ZIP

24 COUNTRY 25 COUNTRY 29 COUNTRY 30 COUNTRY

3. Date Incorporated or Qualified **08/06/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2705625** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

B. This corporation has liability for intangible tax under s. 198.04, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

BONAMIE, SHIRLEY ANN
1911 SW 80TH DR.
GAINESVILLE FL 32607

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 607.0502 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 607.0503, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TYPE	PD
NAME	BONAMIE, SHIRLEY ANN
STREET ADDRESS	1911 SW 80TH DR.
CITY, ST, ZIP	GAINESVILLE FL
TYPE	STD
NAME	BONAMIE, JULIE K.
STREET ADDRESS	1225 S.W. FAIRMONT ST.
CITY, ST, ZIP	HIGH SPRINGS FL
TYPE	VD
NAME	BONAMIE, CLIFFORD D.
STREET ADDRESS	1225 S.W. FAIRMONT ST.
CITY, ST, ZIP	HIGH SPRINGS FL
TYPE	VD
NAME	BONAMIE, CHARLES E.
STREET ADDRESS	1911 SW 80TH DR.
CITY, ST, ZIP	GAINESVILLE FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(3)(b), 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 there is no such certificate. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julie Bonami*
 DIGITAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95