

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J27941 (0)

1. Corporation Name
SILKMASTERS, INC.



Principal Place of Business 4405 S.W. 35TH TERRACE SUITE 1 GAINESVILLE FL 32608	Mailing Address 4405 S.W. 35TH TERRACE SUITE 1 GAINESVILLE FL 32608-2526
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/06/1986	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2705625	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BONAME, SHIRLEY ANN 1911 SW 80TH DR. GAINESVILLE FL 32607		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 607.0505, Florida Statutes.

SIGNATURE Julie Bonami **4/22/97**
Signature, type or printed name of registered agent and fee if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAMIE, SHIRLEY ANN	12. NAME	
STREET ADDRESS	1911 SW 80TH DR.	13. STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14. CITY-ST-ZIP	
TITLE	STD	2.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAMIE, JULIE K.	2.2. NAME	
STREET ADDRESS	1225 S.W. FAIRMONT ST.	2.3. STREET ADDRESS	Rt 3 Box 7296
CITY-ST-ZIP	HIGH SPRINGS FL	2.4. CITY-ST-ZIP	
TITLE	VD	3.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAMIE, CLIFFORD D.	3.2. NAME	
STREET ADDRESS	1225 S.W. FAIRMONT ST.	3.3. STREET ADDRESS	Rt. 3 Box 7296
CITY-ST-ZIP	HIGH SPRINGS FL	3.4. CITY-ST-ZIP	
TITLE	VD	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAMIE, CHARLES E.	4.2. NAME	
STREET ADDRESS	1911 SW 80TH DR.	4.3. STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4. CITY-ST-ZIP	
TITLE		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		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 do 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.

SIGNATURE Julie Bonami **4/22/97 352-372-8958**

CR2E034 (9/96)