FILE NOW, FILING FEE AFTER MAY 1 IS $225.00

CORPO[redacted]ON
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:50

DOCUMENT # P94000042770 (5)

1. Corporate Name
SILVER SPOONS, INC.

Principal Place of Business	Mailing Address
300 CIVIC CENTER WAY ROYAL PALM BEACH FL 33411	300 CIVIC CENTER WAY ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 65-0505833 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARUCCI, ROCCO G
2450 S FEDERAL HWY
#11
BOYNTON BEACH FL 33435-7706

10. Name and Address of New Registered Agent

81 Name: TOM TRAINO
82 Street Address (P.O. Box Number is Not Acceptable): 2206 GLENMOOR DR
83
84 City: WPB FL 85 Zip Code: 33409

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: TOM TRAINO — Date: 4-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	PRES ☒ Change ☐ Addition
NAME	TRAINO, TOM	NAME	
STREET ADDRESS	2450 S FEDERAL HWY #11	STREET ADDRESS	2206 GLENMOOR DR
CITY-ST-ZIP	BOYNTON BEACH FL 33435-7706	CITY-ST-ZIP	WPB FL 33409
TITLE	D	TITLE	V PRES ☒ Change ☐ Addition
NAME	TRAINO, JOANNE	NAME	TRAINO, JOANN
STREET ADDRESS	2450 S FEDERAL HWY #11	STREET ADDRESS	2206 GLENMOOR DR.
CITY-ST-ZIP	BOYNTON BEACH FL 33435-7706	CITY-ST-ZIP	WPB FL 33409
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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(1)(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: [signature] TOM TRAINO — 4-24-95 — 407-793-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
[signature] JOANN TRAINO

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