FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:09

DOCUMENT # F94000004491 (6)

1. Corporation Name
PLANET SILK CO.

Principal Place of Business	Mailing Address
23 TURNTABLE JUNCTION FLEMINGTON NJ 08822	23 TURNTABLE JUNCTION FLEMINGTON NJ 08822

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 5625 Factory Shops Blvd
Suite, Apt. #, etc. (22):
City & State (23): Ellenton, FL
Zip (24): 34222 Country (25): USA

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: APPLIED FOR 22-3256361 ☐ 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

ROBINS, DINA L
5625 FACTORY SHOPS BLVD.
ELLENTON FL 34222

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	Pres.	☒ Change ☐ Addition
NAME	ROBINS, LEE	1.2 NAME		
STREET ADDRESS	14 SQUIRREL RUN	1.3 STREET ADDRESS	25 Lockley Court	
CITY-ST-ZIP	MORRISTOWN NJ	1.4 CITY-ST-ZIP	Mountain Lakes, NJ 07046	
TITLE	VSDT	2.1 TITLE	Secy Treas	☒ Change ☐ Addition
NAME	ROBINS, FRED	2.2 NAME		
STREET ADDRESS	14 SQUIRREL RUN	2.3 STREET ADDRESS	25 Lockley Court	
CITY-ST-ZIP	MORRISTOWN NJ	2.4 CITY-ST-ZIP	Mountain Lakes, NJ 07046	
TITLE	D	3.1 TITLE	V.P.	☐ Change ☐ Addition
NAME	KULE, GENE	3.2 NAME		
STREET ADDRESS	62 W. 62ND ST.	3.3 STREET ADDRESS	62 W 62 ST	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NY NY	
TITLE	D	4.1 TITLE	V.P.	☐ Change ☐ Addition
NAME	KULE, ARLENE	4.2 NAME		
STREET ADDRESS	62 W. 62ND ST.	4.3 STREET ADDRESS	62 W 62 ST	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NY NY	
TITLE	V	5.1 TITLE	V.P. OPERATIONS	☐ Change ☐ Addition
NAME	ROBINS, DINA L	5.2 NAME		
STREET ADDRESS	5625 FACTORY SHOPS BLVD	5.3 STREET ADDRESS	777 Alaska Dr	
CITY-ST-ZIP	ELLENTON FL	5.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: FRED ROBINS - Secy Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF MANDATORY OFFICER OR DIRECTOR — Date — Daytime Phone #

0478625 FP