

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 OCT -6 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004491 (6)  
1. Corporation Name  
PLANET SILK CO.

Principal Place of Business 5625 FACTORY SHOPS BLVD ELLENTON FL 34222 US	Mailing Address 23 TURNABLE JUNCTION FLEMINGTON NJ 08822
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1994	3a. Date of Last Report 08/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 22-3256361		Applied for 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	29. Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ROBINS, LEE	1.2 NAME	ROBINS, LEE
STREET ADDRESS	25 LOCKLEY CT	1.3 STREET ADDRESS	23 TURNABLE JUNCTION
CITY-ST-ZIP	MOUNTAINLAKES NJ	1.4 CITY-ST-ZIP	FLEMINGTON NJ 08822
TITLE	ST	2.1 TITLE	ST
NAME	ROBINS, FRED	2.2 NAME	ROBINS, FRED
STREET ADDRESS	25 LOOKLEY CT	2.3 STREET ADDRESS	23 TURNABLE JUNCTION
CITY-ST-ZIP	MOUNTAINLAKES NJ	2.4 CITY-ST-ZIP	FLEMINGTON, NJ 08822
TITLE	VP	3.1 TITLE	
NAME	KULE, GENE	3.2 NAME	
STREET ADDRESS	62 W. 62ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	KULE, ARLENE	4.2 NAME	
STREET ADDRESS	62 W. 62ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VPO	5.1 TITLE	
NAME	ROBINS, DINA L	5.2 NAME	ROBINS, DINA
STREET ADDRESS	777 MAIASA DR	5.3 STREET ADDRESS	3749 WHITEBRIDGE GLEN
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE		6.1 TITLE	
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: \_\_\_\_\_

CR2E034 (4/97)