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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H59060

(4)

Feb 13	1997	8:00am							
Secre	etary c	of State							

EII ED

Principal Place of Business  NJULES SILK 1735 MARKET ST 38TH FLOOR PHILADELPHIA PA 19103-7598 US  Mailing Address  NJULES SILK 1735 MARKET ST 38TH FLOOR PHILADELPHIA PA 19103-7501 US						3. Date Incorporated or Qualified 3a. Date of Last Report				
						05/28/1985		1/29/1996		
	ace of Business	2a. Mailing Addres	s			4. FEI Number 58-1623435		<del></del>	plied For	
Suite, Apt. #	t, etc.	Suite, Apt. #, et	c.					\$8.75	it Applicable Additional	
2		27				5. Certificate of Status Desired		Fee Re	quired	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00		
Zip	Country	<b>28</b> Zip	Cov	untry	······································	This corporation has liability for		Added t		
4	25	29	30	•			Yes [		100.00E,	
ι,	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New R	egistered	Agent		
	TERMAN, RICHARD M.			81	Name					
11967 POLO CLUB RD. W. PALM BCH. FL 33414				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	<del></del>		
* W. I	PALM DOD. PL 33414			83						
						<u> </u>				
				84	City		FL	85 Zip (	Code	
SIGNATURE _	in familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS.					red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE CERS ANI	D DIRECTOR	IS IN 12	
TITLE	PST	DELE		ITLE				Change	Addition	
NAME	SILK, JULES	_	1.2 M	IAME						
STREET ADDRESS	1735 MARKET ST 37TH FI	L	1.3 \$	TREET	ADDRESS					
CITY-S1-2IP	PHILADELPHIA PA				ST - ZIP					
TITLE		☐ DELE						L Change	Addition	
NAME			22 N							
STREET ADDRESS					FADDRESS ST-ZIP					
TITLE		☐ DELE		_	31*21			Change	Addition	
NAME		_	32 N					•		
STREET ADDRESS			338	IREE	ADDRESS					
CITY-ST-ZIP			3 4. 1	CITY-	ST-ZIP					
TITLE		☐ DELE	TE 41 T	ITLE				Change	Addition	
NAME			4.21	NAME						
STREET ADORESS					ADDRESS					
CITY-ST-ZIP		DELE			ST - ZIP			Change	Addition	
INTLE		L_I Utit						L. Change	Addition	
NAME				IAME TOCKT	I ADDRESS					
STREET ADDRESS					ST-ZIP					
CITY - ST - ZIP	<del></del>	DELE			01 - 4IF	<del></del>	-	Change	Addition	
i		_ ****		IAME						
NAME I										
NAME STREET ADDRESS					ADDRESS					

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.

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