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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J52406 (2)

SHORELINE SILKS, INC.

| Principal Place of Business | | Mailing Address |
|--|-----------------------|---|
| -800 FERN AVE. HOLLY HILL HOLLY HILL FL 32117 US | 902-908-6th Street | 606-FERN-AVE- 9 02-908 -6th Street HOLY HILL FL 32117-3361 US |

FILED Apr 28 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | i issiite eibi siite ittii dist date and sisti atti aini aini aini aini aini | | | | |
|---|---|--|----------------|---|---|---------------------------------------|------------------------|--------------------------|--|
| -000 FERN AVE. HOLLY HILL FL | HOLLY-HEL 902-908-6th | 1 000 FERN AVE 9 02-90 HOLY HILL FL 32117-3361 | 08 –6th S | treet | | | | | |
| US THE TE | 32117 Street | US | | | 0.0 | Detail | Last Da | | |
| | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1987 04/23/1996 | | | port | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | 1 04/20/1 | | olied For | |
| 21 902-90 | 8Sixth Street | 26 SAME | | | 59-2757065 | | Not | Applicable | |
| Sulte, Apt. # | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 7 | | dditiona! | |
| 22 | | 27 | | | J. Continuate of Status Desired | | Fee Red | <u>`</u> | |
| City & State | | City & State | | | 6. Election Campaign Financing | | 5.00 | | |
| 23 | Country | 28 Zip | Country | | Trust Fund Contribution | | Added to | | |
| Zip 24 | Country | 29 | 30 | | 8. This corporation has liability for in Florida Statutes | intangibie tax d Yes □ No | | 199.032, | |
| 24 | 25 25 Name and Address of Current | | | | 10. Name and Address of New Re | | | | |
| DHVI | LIS OEVERMAN - LAM | VAN NGUYEN | 81 | Name . | LAM VAN NGUYEN | , , , , , , , , , , , , , , , , , , , | | | |
| | | North Street | 82 | | tress (P.O. Box Number is Not Acceptab | ale) | | | |
| | | tona Beach, FL | | Sucot Aut | 212 North Street | | | | |
| 5 , m | Day | 32114 | 83 | | | | | | |
| | | 02117 | 84 | City | Daytona_Beach | 85 | Zip C | ode | |
| | | | į | | | - - - - - - - - - - - - - | 32 | 114 | |
| 11. Pursuant to | o the provisions of Sections 607.0502 | and 607.1508, Florida Statu | les, the above | e-named co | poration submits this statement for the patients board of directors I hereby access | ourpose of char of the appoint | nging its nent as r | registered registered | |
| agent. I an | n familiar with, and accept the obligat | ions of, Section 607.0505, FI | orida Statutes | 5. J | J LAM VAN NGO | YEN | | ابد | |
| SIGNATURE | | | | - 1 H | low van lyn | our 4 | 1-8 | -97 | |
| | Signature, typed or pointed name of registered agent OF FICERS AND | | Hegistered Age | rt s gyratur. req | Hed when roinstating) ADDITIONS/CHANGES TO OFFICE | DATE SERS AND DIR | FCTOR' | S IN 12 | |
| 12. | PT | DELETE | 11 III (F | | President | | Change | Addition | |
| NAME | OEVERMANN-PHYLLIS= | 72 | 12 NAME | | Lam Van Nguyen | | - | • | |
| STREET ADDRESS | 824-NORTH-BOH-ST-= | | 1.3 STREET | AUDRESS | 212 North Street | | | | |
| CITY - ST-ZIP | ORMOND BCH_FL | | 1.4 CITY - S | | _Daytona_Beach, FL_3 | 2114 | | | |
| TITLE | V | DELETE | 2.1 TITUE | | | | Change | Addition | |
| NAME | OEVERMANN, ROBERT | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 321 NORTH BCH ST. | | 2.3 STREE 1 | ADDRESS | | | | | |
| CITY-ST-ZIP | ORMOND BCH FL | | 2. 4 CITY - | \$1-7IP | | | | ٠, | |
| TITLE | S | ≥ DELETE | 3.1 TITLE. | ŀ | Secretary : | □(| Change | Addilion | |
| NAME 1 | -KRULKOH; BARBARA- | | 3.2 NAME | | Laiyee Yee Nguyen | at . | | | |
| STREET ADDRESS | -612-NORTH-BOM-ST. | | 33STREET | | 212 North Street | | | | |
| CITY-ST-ZIP | -GRMOND:BOH FL= | D bt. tre | 3.4. CITY- | S1 - Z(P | Daytona Beach, FL 32 | 114 | Ohanan | Addeso | |
| TITLE | | ☐ DELETE | 4.1 TILE | | - | 1 | Change | L_ Addition | |
| NAME | | | 4. 2 NAME | LDDGGGG | | | | | |
| STREET ADDRESS | | | 4.3 STREET | | | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CHY-5 | 51 - Z)P | | | Change | Addition | |
| TITLE | | outer | 52 NAME | | | · · | | | |
| NAME STREET ADDRESS | | | 53 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CHY-5 | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | Change | Addition | |
| NAME | | - | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | G.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - S | | | | | | |
| | or cortify that the information supplied | with this filing closs not qual | | | ed in Section 119.07(3)(i). Florida Statute | es. I further cer | ify 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.