

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
General B. McMan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K40226**

(8)

1. Corporation Name

ROBBIE'S GALLERY OF SILKS, INC.

FILED
Apr 12, 1996 08:00 A
Secretary of State



Principal Place of Business

Main Address

**7336 LAKEWORTH ROAD
LAKEWORTH FL 33467
US**

**7336 LAKE WORTH ROAD
LAKE WORTH FL 33467
US**

2. Principal Place of Business

2a. Main Address

21 State App. No. of

26 State App. No. of

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**SELF, ROBBIE J.
227 OCEAN AVENUE EAST
LANTANA FL 33462**

3. Date last reported for qualified

10/20/1988

3a. Date of Last Report

06/15/1995

4. FLEIN number

65-0081553

Applied For
Not Application

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. The corporation has liability for intangible tax under s. 195.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 New

82 Street Address (If O. Box Number is N/A, acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation hereby provides consent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, by the change was authorized by the corporation's board of directors, the duly elected for appointment as registered agent in an American with and accept the obligation to, as required by the Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

P

NAME

SELF, ROBBIE J.

STREET ADDRESS

7336 LAKE WORTH ROAD

CITY, STATE, ZIP

LAKE WORTH FL

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, STATE, ZIP

2. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, STATE, ZIP

3. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, STATE, ZIP

4. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, STATE, ZIP

5. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, STATE, ZIP

6. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, STATE, ZIP

7. TITLE

14. I, the undersigned, certify that the information given in this filing is voluntarily furnished and is not required by the corporation under the provisions of the Florida Statutes. I further certify that the information indicated on this filing is not a supplement to the information previously filed and that the information is true and correct. I understand that the same shall have the same legal effect as if made under oath. But I do not understand that the corporation or the person or persons who prepared this filing shall be held responsible for the accuracy of the information given in this filing.

SIGNATURE:

Robbie J. Self

Robbie J. Self

4/9/96

407-434-3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)