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 JUN -1 AM 10:03

DOCUMENT # **P16930** **(0)**

1. Corporation Name
SCALAMANDRE SILKS, INC.

Principal Place of Business	Mailing Address
37-24 24TH STREET LONG ISLAND CITY NY 11101	37-24 24TH STREET LONG ISLAND CITY NY 11101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1987
3a. Date of Last Report: 02/22/1994
4. FEI Number: 11-1731835 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MITCHELL, KEVIN
1040 N.E. 16TH AVENUE, #3
FT. LAUDERDALE 33304

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	BITTER, EDWIN W.	1.2 NAME	
STREET ADDRESS	4 LANDS END ROAD	1.3 STREET ADDRESS	
CITY ST ZIP	LOCUST VALLEY NY	1.4 CITY ST ZIP	
TITLE	~~V~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~BITTER, E. WARD~~	2.2 NAME	
STREET ADDRESS	~~56 SUNSET DRIVE~~	2.3 STREET ADDRESS	
CITY ST ZIP	~~MANHASSET NY~~	2.4 CITY ST ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	BITTER, ADRIANA	3.2 NAME	
STREET ADDRESS	4 LANDS END ROAD	3.3 STREET ADDRESS	
CITY ST ZIP	LOCUST VALLEY NY	3.4 CITY ST ZIP	
TITLE	VS	4.1 TITLE	☑ Change ☐ Addition
NAME	BITTER, MARK J.	4.2 NAME	Bitter, Mark J
STREET ADDRESS	2 HOAGLANDS LANE	4.3 STREET ADDRESS	65 Shuttle Lane
CITY ST ZIP	OLD BROOKVILLE NY	4.4 CITY ST ZIP	Oyster Bay Cove, NY 11771
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
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 on an attachment with an address.

SIGNATURE: Mark Bitter 5/26/95 718-361-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475040 PP