

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000052763 (7)**

1. Corporation Name

**JFM SILKS, INC.**

Principal Place of Business

**1045 W BRANDON  
BRANDON FL 33511  
US**

Mailing Address

**1241 SEMORAN BLVD  
127  
CASSELBERRY FL 32707  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24** **25** **26** **27** **28** **29** **30**

2a. Mailing Address

**26** **1045 W. BRANDON BLVD**

**27** **1**

**28** **BRANDON FL**

**29** **33511**

**30** **USA**

3. Date Incorporated or Qualified

**07/18/1994**

3a. Date of Last Report

**05/01/1995**

4. FBI Number

**59-3269306**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**REGO, FRANK  
3701 KINGFORD PL  
VALRICO FL 33511**

**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 607.07(2) 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 607.07(9), Florida Statutes.

SIGNATURE

Signature of person submitting this report (if not the registered agent)

Signature of Registered Agent (if not the person submitting this report)

DATE

12. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>P</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>REGO, FRANK JR.</b>            |                                 |
| STREET ADDRESS | <b>3307 LITHIA PINECREST ROAD</b> |                                 |
| CITY-STATE-ZIP | <b>VALRICO FL 33594</b>           |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-STATE-ZIP |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-STATE-ZIP |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-STATE-ZIP |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-STATE-ZIP |                                   |                                 |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK REGO**

**4/26/96**

**(813) 684-7414**

CR2E034 (12/95)