SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 19 PM 12:06

DOCUMENT # P94000052994 (8)

1. Corporation Name

SILK N' ART TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
4301 W VINE ST #C-25 KISSIMMEE FL 34746	4301 W VINE ST #C-25 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/14/1994**
3a. Date of Last Report:

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

4. FEI Number: 59-3284797 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOPSON, JOHN E
7300 W CAMINO REAL
#126
BOCA RATON FL 33433

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	FIELD, MICHAEL R	12 NAME	FIELD, DELLA J.	
STREET ADDRESS	INGLIS CLOTHES CARE, 2 SHAKESPEAR DR	13 STREET ADDRESS	4301 W VINE ST # C 25	
CITY-ST-ZIP	SHIRLEY, SOLIHULL, ENGLAND	14 CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	SD	21 TITLE	SEC	☐ Change ☑ Addition
NAME	FIELD, DELLA	22 NAME	RUBIN, MARILYN J.	
STREET ADDRESS	4301 W VINE ST #C-25	23 STREET ADDRESS	4301 W. VINE ST #C 25	
CITY-ST-ZIP	KISSIMMEE FL 34746	24 CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		31 TITLE	TREASURER	☑ Change ☐ Addition
NAME		32 NAME	FIELD, MICHAEL R	
STREET ADDRESS		33 STREET ADDRESS	INGLIS CLOTHES CARE, 2 SHAKESPEAR DR	
CITY-ST-ZIP		34 CITY-ST-ZIP	SHIRLEY, SOLIHULL, ENGLAND	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: D. J. Field D. J. FIELD 6/11/95 407 397 1918
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

011B30 CP