## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000052994 (8)

SILK N' ART TRADING COMPANY, INC.

**FILED** May 07 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			01110 11010 told 10111 0101 1001
4301 W VINE	-	4301 W VINE ST			
#C-25 #C-25					10.001.05
KISSIMMEE FL 34746 KISSIMMEE FL 34746			DO NOT WRITE IN TH	IS SPACE	
	· ·			3. Date Incorporated or Qualified 07/14/1994	
9 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	1		LANE	59-3284797	Not Applicable
Suite, Apt.	#, <b>4l</b> c.	Suite, Apt. #, etc.	7,200		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State	F( A0:00	6. Election Campaign Financing	\$5.00 May Be
23		28 KISSIMMEE	FLORIDA	Trust Fund Contribution	Added to Fees
Žip	Country		Country	8. This corporation owes or has paid the	current year Intangible  Yes  No
24	25 9. Name and Address of Curre		30 0 2	Personal Property Tax due June 30.  10. Name and Address of New Register	
KO	PSON, JOHN E	on regional region	81 Name	To. Tellio diversity	
	O W CAMINO REAL		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
#126			62 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	CA RATON FL 33433		83		
			84 City		. 85 Zip Code
11. Pursuant I	to the provisions of Sections 607 05	502 and 607.1508, Florida Statutes	s, the above-named co	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered
agent. I a	m <b>fam</b> iliar with, and accept the obli	igations of, Section 607.0505, Flori	ida Statutes.	ation's board of directors. Thereby accept the	appointment as registered
SIGNATURE					
	Signature typed or prioted name of registered a		Registered Agent signature rec	uired when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS A	
12.	D OF ICERS A	ND DIRECTORS  DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS /	Change Addition
NAME	FIELD, DELLA J	<u></u>	1.2 NAME		
STREET ADDRESS	4301 W VINE ST. #C25		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY - ST - ZIP		
TITLE	8	DELETE	2.1 TITLE		Change Addition
NAME	RUBIN, MARILYN J		2.2 NAME		
STREET ADDRESS	4301 W WINE ST #C25		2.3 STREE1 ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY • ST - ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		Change Addition
NAME	FIELD, MICHAEL R	ALLERANGED SS	3.2 NAME		
STREET ADDRESS	INGLIS CLOTHES CARE, 2	SHAKESPEAH DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	SHIRLEY SO	Пресете	3.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		The cuantities The Water (10t)
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		.=
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 City-St-ZiP		
TITLE	<u> </u>	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
				Cartina 440 07(0)(1) Flantida Otatutan 14 otat	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.