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May 15, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000052 994**
1. Corporation Name
SILK N' ART TRADING COMPANY
INC

Principal Place of Business
4723 PRAIRIE POINT
BLVD. KISSIMMEE
FL 34746
Mailing Address
← SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/14/1994
4. FEI Number
59-3284797
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **4723 PRAIRIE POINT**
Suite, Apt. #, etc.
22 **BOULEVARD**
City & State
23 **KISSIMMEE**
Zip Country
24 **FL 34746** 25 **OSCEOLA**
26 **4723 PRAIRIE**
Suite, Apt. #, etc.
27 **POINT BLVD**
City & State
28 **KISSIMMEE**
Zip Country
29 **FL 34746** 30 **OSCEOLA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John E COPSON
7300 W CAMINO REAL
126
BOCA RATON, FL 33433 U.S.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE **President** ☐ DELETE
NAME **DELLA J RICCARDI**
STREET ADDRESS **4723 PRAIRIE POINT BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**
TITLE **S** ☒ DELETE
NAME **MARILYN J RUBIN**
STREET ADDRESS **4301 W VINE ST # C25**
CITY-ST-ZIP **KISSIMMEE FL**
TITLE **Michael Fied** ☐ DELETE
NAME **INGLIS CLOTH CARP.**
STREET ADDRESS **2 Shakespear dr.**
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)