

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000056508 (2)

1. Corporation Name

ART OF SILVER, INC.



Principal Place of Business

Mailing Address

2415 HIDDEN LAKE DR., #2
NAPLES FL 33962

2415 HIDDEN LAKE DR., #2
NAPLES FL 33962

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

08/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0515278

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, DOUGLAS A
100 N. TAMiami TRAIL
SUITE 201
NAPLES FL 33940

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

1. TITLE ☐ DELETE

D
AGERBJER, KARIN
2415 HIDDEN LAKE DR., #2
NAPLES FL 33962

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

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30. TITLE ☐ DELETE

31. TITLE ☐ DELETE

32. TITLE ☐ DELETE

33. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME ☐ Change ☐ Addition

3. 3. STREET ADDRESS ☐ Change ☐ Addition

4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

5. 5. CITY - ST - ZIP ☐ Change ☐ Addition

6. 6. CITY - ST - ZIP ☐ Change ☐ Addition

7. 7. CITY - ST - ZIP ☐ Change ☐ Addition

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12. 12. CITY - ST - ZIP ☐ Change ☐ Addition

13. 13. CITY - ST - ZIP ☐ Change ☐ Addition

14. 14. CITY - ST - ZIP ☐ Change ☐ Addition

15. 15. CITY - ST - ZIP ☐ Change ☐ Addition

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30. 30. CITY - ST - ZIP ☐ Change ☐ Addition

31. 31. CITY - ST - ZIP ☐ Change ☐ Addition

32. 32. CITY - ST - ZIP ☐ Change ☐ Addition

33. 33. CITY - ST - ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (12/95)