SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000012302 (2) **DOCUMENT #** ANOTHER SILK KREATION, INC. Principal Place of Business Mailing Address 335 ALEATHA DRIVE 335 ALEATHA DRIVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 Date Incorporated or Qualified 3a. Date of Last Report 02/13/1995 Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees Zip Country Country 8. This corporation has hability for intangible tax under s 199 032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JONES, LARRY Name 335 ALEATHA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 DAYTONA BEACH FL 32114 83 City 85 Zip Code FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature it produces and many of majors and agent and the it might about (NOTE: Hit performs Algest suprasting required when runstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TIFLE Change Addition <u>ල</u>ි JONES, LARRY 1.2 NAME CR2E034 335 ALEATHA DRIVE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32114 CITY - ST - ZIP 14 CITY - ST - ZIP TITLE DELETE 21 THUE Change Addition NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP THE DELETE 3111118 Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CHTY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 C#TY - \$1 - 7IP THEF DELETE 5.1.T:TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST 2019 TITLE DELETE 611116 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS CITY - ST- ZIP 64 CITY - ST ZIP do hereby certify that the information supplied with this filing is voluntarily turnished 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address

10NGS

SIGNATURE:

904257-2676