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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name P95000012302 (2)

ANOTHER SILK KREATION, INC.

Principal Place of Business

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Mailing Address

## **FILED** Apr 23 1998 8:00am Secretary of State



335 ALEATHA DRIVE 335 ALEATHA DRIVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1995 2. Principal Place of Business 7-3462866 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 jones. Larry 335 ALEATHA DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 83 Zip Code City 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 tice if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELET**e** Change \_\_\_ Addition TITLE 1.1 TITLE JONES, LARRY NAME 12 NAME 835 ALEATHA DRIVE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32114 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 21 1ITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TiTLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if chapted, or on an attactiment with an address