

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049011 (6)**

1. Corporation Name
CAROB SPECIALTIES, INC.

DBA SILK ACCENTS

Principal Place of Business 1405 14TH LN LAKE WORTH FL 33463	Mailing Address 1405 14TH LN LAKE WORTH FL 33463-4358
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2. Principal Place of Business 21 2298 So. MILITARY TR Suite, Apt. #, etc. SUITE A City & State W. PALM BEACH, FL Zip 33415		2a. Mailing Address 26 2298 So. MILITARY TR Suite, Apt. #, etc. SUITE A City & State W. PALM BEACH, FL Zip 33415		3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report 06/03/1996
2b. Mailing Address 27 2298 So. MILITARY TR Suite, Apt. #, etc. SUITE A City & State W. PALM BEACH, FL Zip 33415		4. FEI Number 65-0611746		Applied For <input type="checkbox"/> Not Applicable	
2c. Mailing Address 28 2298 So. MILITARY TR Suite, Apt. #, etc. SUITE A City & State W. PALM BEACH, FL Zip 33415		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
2d. Mailing Address 29 2298 So. MILITARY TR Suite, Apt. #, etc. SUITE A City & State W. PALM BEACH, FL Zip 33415		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRUMM, KEITH F
5700 LAKE WORTH RD
SUITE 209-2
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent
81 Name **CAROL A. DOCKRAY**
82 Street Address (P.O. Box Number is Not Acceptable) **1405 14TH LANE**
83
84 City **LAKE WORTH** **FL** **85 Zip Code** **33463**

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 Carol A. Dockray **4/26/97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKRAY, CAROL A.	1.2 NAME	
STREET ADDRESS	1405 14TH LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKRAY, ROBERT H.	2.2 NAME	
STREET ADDRESS	1405 14TH LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: Carol A. Dockray **4/26/97** **(561) 967-5489** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)