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

PROFIT CORPORATION ANNUAL REPORT



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

☐ Addition

1996

P95000053605 (8) DOCUMENT #

Mailing Address

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

TILE

NAME

SILK	DESIGN	OUTLET.	INC.
OILN	ULOIGII	OUILLI	

3105 BRIDGEWOOD DRIVE BOCA RATON FL 33434		3105 BRIDGEWOOD DRIVE BOCA RATON FL 33434										
						3. Date Incorporated or Qualified 07/12/1995		3a. Date of Last Report				
	lace of Business	. (2a. Ma	ailing Address			۸ ۱.	4. FEI Numbe				Applied For
21 3/05	Bridgewood	Drive	26	3/05 8	ridge	WOOd	(Dire	65	05936	<u> 37 </u>		Not Applicable
Suite, Apt.	. #, etc. 🚺		27 Su	ite, Apt. #, et	с. 🗸			5. Certificate	of Status Desired			5 Additional Required
Crty & Stat	() (Fi.	28 Cit	ty & State Boca	Resta	n	F(.		ampaign Financing Contribution			0 May Be ed to Fees
Zip	Count		Zıç)	····	Country		1	ration has liability fo		tax under s	199.032,
24 33	434 25	USA	29	33434	30	<u>U5</u>	1	Florida Sta		s XNo		
	9. Name and Addr	ess of Current	Registere	ed Agent				10. Name and	Address of New	Registered	Agent	
						81	Name					
WEITZ,						82	Street Addres	iss (P.O. Box Nur	nber is Not Accepta	ible)		
	RIDGEWOOD DRIVE											
BOCA F	raton FL 33434					83						
						84	City				85 Z	ip Code
				<u> </u>		$\perp \perp \perp$				FI	-	
or registe	to the provisions of Sectored agent, or both, in the	 State of Florida 	a. Such ch	ange was au	thorized by tl	above-na he corpo	ration's board	d of directors. The	ereby accept the ap	pointment a	nanging its as registered	d agent. Lam
familiar w	ith, and accept the oblig	ations of, Section	n 607.050	05, Florid: St	itut is.					/-	-1.	
SIGNATURE:	David	Neit	<u> </u>	prop	-					4/2	5/96	
10	Signature typed or printed name	OFFICERS AND				13.	signature required :		S/CHANGES TO OF	FICERS AN	D DIBECTO	OBS IN 12
12.	`	OFFICENS AND	DINLOTO	DELETE		1. 1 TITLE		ADDITIONS	DI VITALE TO CI	TIOLITO AIT	Change	Addition
NAME	WEITZ, DAVID					1.2 NAME						_
STREET ADDRESS	3105 BRIDGEWO	OD DRIVE				1.3 STREET A	ADDRESS					
CITY - ST - ZIP	BOCA RATON FL					1.4 CITY-ST						
TITLE	BOOKINIONIE	. 00101		DELETE		2 1 TITLE					[] Change	Addition
NAME				_		2 NAME					_ •	
STHEET ADDRESS						2 3 STREET A	ADDRESS					
CHY-ST-ZIP					i i	2 4 CITY-ST	j					
TITLE				☐ DELETE		3 1 TITLE				• • • • • • • • • • • • • • • • • • • •	Change	Addition
NAME				_	3	3 2 NAME						
STREET ADDRESS					3	3 3 STREET	ADDRESS					
CITY-ST-ZIP					1	3 4 CHTY - ST						
THE				DELETE		4 1 TITLE			,		Change	☐ Addition
NAME				_	4	4 2 NAME						
STREET ADDRESS						4 3 STREET A	ADDRESS					
CITY-ST-ZIP						4.4 CITY - ST	- ZiP					
THUE	-			DELETE		5 1 TITLE					Change	☐ Addition
NAME						5.2 NAME						
CIRCLI ANDRESS						5.3 STREET	ADDRESS					

5 4 CITY - ST - ZIP

6 3 STREET ADDRESS

64 CITY - ST - ZIP

6.2 NAME

14. Loc 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 the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

DELETE