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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000077447 (7)

|     | SIMPLY SILK, INC.                             |  |  |  |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|--|--|--|
|     | ay i  |  |  |  |  |  |  |  |  |  |
|     | Principal Place of Business                   | Mailing Address                                    |  |  |  |  |  |  |  |  |
|     | 3926 BLOOMINGHILL LN.<br>PALM HARBOR FL 34684 | 3926 BLOOMINGHILL LN.<br>PALM HARBOR FL 34684-4104 |  |  |  |  |  |  |  |  |
| 4   |   |  |  |  |  |  |  |  |  |  |
| • • | 2. Principal Place of Business                | 2a. Mailing Address                                |  |  |  |  |  |  |  |  |
|     | 21  | 26   |  |  |  |  |  |  |  |  |
|     | Suite, Apt. #. etc.                           | Suite, Apt. #, etc.                                |  |  |  |  |  |  |  |  |

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May 01 1997 8:00am
Secretary of State



| . ;   |                                       |   |                      |                          |  |                        |   |                   |  | 3. Date Incorporated or Qualified 10/05/1995 |                | ite of Last R<br><b>)1/1996</b> | eport                                  |  |  |
|---|---------------------------------------|---|----------------------|--------------------------|--|------------------------|---|-------------------|--|--|----------------|---------------------------------|--|--|--|
| 2. Principal 6  | Place of Business                     |   | 2a.                  | 2a. Mailing Address      |  |                        |   |                   |  | 4. FEI Number                                |                |                                 | oplied For                             |  |  |
| 21  | 26                                    |   |                      |                          |  |                        |   | 59-3345410        |  |  | Not Applicable |                                 |  |  |  |
| Suite, Apt.   |                                       |   |                      |                          |  |                        |   |                   |  |  |                |                                 | Additional                             |  |  |
| 22  | •                                     | 27  | <del>-</del> 7       |                          |  |                        |   |                   | 5. Certificate of Status Desired                                       |  |                | equired                         |  |  |  |
| City & Sta  | te                                    |   | City & State         |                          |  |                        |   |                   | 6. Election Campaign Financing \$5.00 May Be                           |  |                |                                 |  |  |  |
| 23  |                                       | 28  | 28                   |                          |  |                        |   |                   | Trust Fund Contribution Added to Fees                                  |  |                |                                 |  |  |  |
| Zip   |                                       | Country   |                      | Zip Coui                 |  |                        |   |                   | B. This corporation has liability for intangible tax under s. 199.032, |  |                |                                 |  |  |  |
| 24  | 25                                    |   | 29                   | 30                       |  |                        |   |                   | Florida Statutes Yes 🗹 No  |  |                |                                 |  |  |  |
| 9. Name and Address of Current Registered Agent   |                                       |   |                      |                          |  |                        |   |                   |  | 10. Name and Address of New Re               | gistered       | Agent                           |  |  |  |
| STUTHERS, LINDSAY   |                                       |   |                      |                          |  |                        |   | 81 Name           |  |  |                |                                 |  |  |  |
| 3926 BLOOMINGHILL LN.   |                                       |   |                      |                          |  |                        | 82 Street Address (P.O. Box Number is Not Acceptable) |                   |  |  |                |                                 |  |  |  |
| PAL   |                                       |   |                      |                          | Gadet Address (F.O. Dox Monitor is Not Acceptable) |                        |   |                   |  |  |                |                                 |  |  |  |
|   |                                       |   |                      |                          |  |                        | 83  | 3                 |  |  |                |                                 |  |  |  |
|   |                                       |   |                      |                          |  |                        | 84  | City              | City 85 Zip Code   |  |                |                                 |  |  |  |
|   |                                       |   |                      |                          |  |                        | 04  | City              |  |  | FL             | <b>85</b> Zip                   | C008                                   |  |  |
| 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 changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                                       |   |                      |                          |  |                        |   |                   |  |  |                | changing i                      | ts registered                          |  |  |
| Office or<br>agent. I   | registered agent<br>am familiar with. | , or both, in the State<br>and accept the oblig | of Flori<br>ations o | da. Such-<br>if, Section | change was a<br>607.0505, Fk                       | autnorize<br>orida Sta | a by<br>tutes   | r the corpo<br>3. | oration  | n's board of directors. I hereby accer       | ot the app     | ointment as                     | registored                             |  |  |
| SIGNATURE   |                                       |   |                      |                          |  |                        |   |                   |  |  |                |                                 |  |  |  |
| SIGNATURE   | Signature, typied or p                | rinted name of registered ago                   |                      |                          | (NOT   |                        | d Agc   | nt signature r    | equired  | when reinstating)                            | DATE           |                                 |  |  |  |
| 12.   |                                       | OFFICERS AN                                     | D DIRE               |                          |  | 13.<br>1.1.1           |   |                   |  | ADDITIONS/CHANGES TO OFFICE                  | ERS AND        |                                 | ···— ·· ·· · · · · · · · · · · · · · · |  |  |
| TITLE   | P                                     |   |                      |                          | ☐ DELETE   |                        |   |                   |  |  |                | Change                          | Addition 3                             |  |  |
| NAME  |                                       |   |                      | 1.2 N                    |  |                        | AME   |                   |  |  |                |                                 | ;                                      |  |  |
| STREET ADDRESS  |                                       |   |                      | 138                      |  |                        | TREET   | ADDRESS           |  |  |                |                                 | li li                                  |  |  |
| CITY-ST-ZIP   |                                       |   |                      |                          | 1.40   | 1.4 C/TY - S1 - Z/P    |   |                   |  |  |                |                                 |  |  |  |
| TITLE   | 1 *                                   |   |                      |                          | DELETE   | 2.1 T                  | 2.1 TITLE   |                   |  |  |                | Change                          | Addition                               |  |  |
| NAME STUTHERS, JAMES  |                                       |   |                      | 2.2 N                    |  |                        | IAME  |                   |  |  |                |                                 |  |  |  |
| STREET ADDRESS 3926 BLOOMINGHILL LN.  |                                       |   |                      | 2.3 \$7                  |  |                        | TREET   | ADDRESS           |  |  |                |                                 |  |  |  |
| CITY-ST-ZIP PALM HARBOR FL 34684  |                                       |   |                      |                          |  |                        |   | ST-ZIP            |  |  |                |                                 |  |  |  |
| TITLE   | TITLE                                 |   |                      |                          | DELETE 3.1   |                        |   |                   |  |  |                |                                 | Addition                               |  |  |
| NAME  |                                       |   |                      | 3.2 N                    |  |                        | IAME  | Ţ                 |  |  |                |                                 |  |  |  |
| STREET ADDRESS  |                                       |   |                      | 3.3 S                    |  |                        | THEET   | ADDRESS           |  |  |                |                                 |  |  |  |
| CITY-ST-ZIP   |                                       |   |                      |                          | 3.4. CITY-ST-7IP                                   |                        |   |                   |  |  |                |                                 |  |  |  |
| TITLE   |                                       |   |                      |                          | DELETE   | 4.11                   | NLE   |                   |  |  |                | Change                          | Addition                               |  |  |
| NAME  | İ                                     |   |                      |                          |  | 4.21                   | MAME  | 1                 |  |  |                |                                 |  |  |  |
| STREET ADDRESS  |                                       |   |                      |                          |  | 4.3 9                  | TREFT   | ADDRESS           |  |  |                |                                 |  |  |  |
|   |                                       |   |                      |                          |  | 4.4 (                  | IIY-S   | 1-2IP             |  |  |                |                                 |  |  |  |
| TITLE .   |                                       |   |                      | Į                        | DELETE   | 5.1 T                  | ITLE  |                   |  |  |                | ☐ Change                        | Addition }                             |  |  |
| NAME  | 1                                     |   |                      |                          |  | 5.2 N                  | IAME  |                   |  |  |                |                                 |  |  |  |
| STREET ADDRESS  |                                       |   |                      | 5.3 STF                  |  |                        | TREET   | ADDRESS           |  |  |                |                                 |  |  |  |
| CITY-\$T-ZIP  |                                       |   |                      |                          |  | 5.4 0                  | IIY-S   | T · ZIP           |  |  |                |                                 |  |  |  |
| TITLE   |                                       |   |                      | I                        | DELETE   | 6.11                   | ITLE  |                   |  |  |                | Change                          | Addition                               |  |  |
| NAME  |                                       |   |                      |                          |  | 6.2 6                  | AME   |                   |  |  |                |                                 |  |  |  |
| STREET ADORESS  |                                       |   |                      |                          |  | 6.3 \$                 | IREE1   | ADDRESS           |  |  |                |                                 |  |  |  |
| CITY-ST-ZIP   |                                       |   |                      |                          | 6.4 CITY-ST-7IP                                    |                        |   |                   |  |  |                |                                 |  |  |  |
| 14 I do hore  | harantification at                    | a infarmation a malia                           | et a dika di         | Lie Cline e              | Jane 1   | for the                |   |                   | alad i   | Coation 110 07/2Vi) Florida Ctatuta          | n 16 mth n     | r partifu that                  | 100                                    |  |  |

I do hereby certify that the information supplied with this filing does by 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 supplience of annual report of the corporation or the state of the corporation or the state of the corporation or the state of the state of the corporation or the state of the state of the corporation or the state of the state of the state of the state of the corporation of the corporation or the state of the

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