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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000092943 (6)

1. Corporation Name
THE SILK GARDEN, INC.

Principal Place of Business	Mailing Address
3508 CAYA LARGO COURT PUNTA GORDA FL 33950	3508 CAYA LARGO COURT PUNTA GORDA FL 33950-8143

3. Date Incorporated or Qualified: 01/01/1996
3a. Date of Last Report: 1-1-96

2. Principal Place of Business
21 4300 KINGS HIGHWAY #211
22 Suite, Apt. #, etc
23 City & State: CHARLOTTE HARBOR, FL
24 Zip: 33980 25 Country: USA

2a. Mailing Address
26 4300 KINGS HIGHWAY
27 Suite, Apt. #, etc: # B27
28 City & State: PUNTA GORDA, FL.
29 Zip: 33980 30 Country: USA

4. FEI Number: 65-0627351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Kathleen M. Kovilaritch
82 Street Address (P.O. Box Number is Not Acceptable): 2400 FLORA LANE
83
84 City: PUNTA GORDA FL 85 Zip Code: 33950

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: Kathleen M. Kovilaritch Kathleen M. Kovilaritch 3-17-97
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	KOVILARITCH, ALBERT A	1.2 NAME	
STREET ADDRESS	3508 CAYA LARGO COURT	1.3 STREET ADDRESS	2400 FLORA LANE
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	KOVILARITCH, KATHLEEN M	2.2 NAME	
STREET ADDRESS	3508 CAYA LARGO COURT	2.3 STREET ADDRESS	2400 FLORA LANE
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Kathleen M Kovilaritch Kathleen M Kovilaritch 3/17/97 941-637-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #