## 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 # P96000094372 (5)

SILK HABITAT, INC.

Principal Place of Business
-----------------------------

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

9. Name and Address of Current Registered Agent

4600 SUMMERLIN ROAD #A5 FT MYERS FL 33919

2. Principal Place of Business

HELM, JUDITH K

25

4600 SUMMERLIN ROAD #A5

Suite, Apt. #. etc.

City & State

21

22

23

24

4600 SUMMERLIN ROAD #A5 FT MYERS FL 33919-3002

## FILED Apr 10 1997 8:00am Secretary of State



Yes \ \ \ No

4-2-97 941-939-0597

0401832

8. This corporation has liability for intangible tax under s. 199.032,

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

65-0707354

10. Name and Address of New Registered Agent

11/15/1996

4. FEI Number

FT MYERS FL 33919			-[ `		- 5,711110,7			
			3					
		8	4 (	City	FL	85 Zi	p Code	
office or i	to the provisions of Sections 607.0502 and 607.1508, Florida Statute registered agent, or both, in the State of Florida. Such change was a milamihar with, and accept the obligations of, Section 607.0505, Flo	unharized t	by th	amed corporation submits this statement for the corporation's board of directors. I hereby	or the purpose of y accept the appo	changing pintment	its registered as registered	
SIGNATURE	Signature types or proted name of registered agent and tribilit applicable (NOTE				DATE			
12,	OFFICERS AND DIRECTORS 13.							
DILI	D DELETE	1.1 TITLE		ADDITIONS/OFFICIAL STORES	<del></del>	Change		
NAME	HELM, JUDITH K	1.2 NAME						
STREET ADDRESS	4600 SUMMERLIN ROAD #A5	1.3 STRE		ORESS.				
CITY-S1-7IP	FT MYERS FL 33919	1.4 CITY		· -				
TULE	DELETE	2.1 TITLE				Change	Addition	
NAMi		2.2 NAME	Ε			_ ,		
STREET ADDRESS		2.3 STRE	ET AN	DRESS				
CITY - ST. ZIF		2.4 CITY		- 1				
TITLE	DELETE	3.1 TITLE				Change	e Addition	
NAME		3.2 NAME	Ε					
STREET ADORESS		3.3 STRE	ET AD	DRESS				
CITY-S1 ZIP		3.4. CITY	/·ST-	ZIP				
161.6	☐ DELETE	4.1 TITLE				Changi	e 🔲 Addition	
NAME		4. 2 NAM	1E	1				
STREET ADDRESS		4.3 STRE	ET AD	DRESS				
CH r - S1 - 712		4.4 CITY	-\$1-2	nP (				
TOLE	DELETE	5.1 TITLE	 E			Chang	e 🔲 Addition	
NAME		5.2 NAM	E	1				
STREET ACRORESS		5 3 STRE	ET AD	DRESS				
CHY-ST-70P		5.4 CITY	- ST-	ZIP				
THEF	☐ DELETE	6.1 TITLE	E.			Chang	e 🔲 Addition	
NAME		6.2 NAM	E					
STREET ADORESS		6.3 STRE	ET AD	DRESS				
CHY- \$1 - 7-P		6.4 CITY	- ST - 2	riP				
<b>14.</b> I do here	by certify that the information supplied with this filling does not qualify the property of th	y for the ex	xemi	otion stated in Section 119.07(3)(i), Florida	Statutes. I further	certify th	at the	

Tan 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.

Country

B1 Name

30