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04-21-1999 90070 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108642

1. Corporation Name
CREATIVE SILK DESIGNS, INC.



Principal Place of Business

12181 HAMPTON GREENS
FORT MYERS FL 33913

Mailing Address

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

6900-29 Daniels Pkwy
#234
Fort Myers, FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

2. Principal Place of Business

21 6900-29 Daniels Pkwy

2a. Mailing Address

26 6900-29 Daniels Pkwy

4. FEI Number

65-0802865

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #234

Suite, Apt. #, etc.

27 #234

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Fort Myers, FL

City & State

28 Fort Myers, FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33912

Country

25 USA

Zip

29 33912

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Cynthia Eldridge

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

6900-29 Daniels Parkway #234

83

84 City Fort Myers

FL

85 Zip Code

33912

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 Cynthia A. Eldridge

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME ELDRIDGE, CYNTHIA
STREET ADDRESS 12181 HAMPTON GREENS
CITY-ST-ZIP FORT MYERS FL 33913

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6900-29 Daniels Parkway #234
1.4 CITY-ST-ZIP Fort Myers, FL 33912

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Cynthia A. Eldridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (941) 849-5634
267-4279

Date

Daytime Phone #

CR2E034 (11/98)