	PLE	ASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		
	PLICATION FOR STATEMEN		FLORIDA	A DEPARTMENT Katherine Hat Secretary of Southern Southern VISION OF CORPORE VISION OF CORPORE A DEPARTMENT OF SOUTHERN SOUTH	NT OF STATE arris State		FILED		
DOCUMENT # P98000086388 1. Corporation Name						99 OCT 28 PM 12: N7			
SYLKEN, INC.						SEGRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Addre				ess			3		
			1237-A ARLIN JACKSONVILL	INGTON ROAD ILLE FL 32211					
	addresses are incorrec							_	
2 New Principal Office Address, If Applicable RD. Suite, Apt #, etc.			3. New Mailing Office Address, if Applicable 1237-B HHIMATON RD Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 10/08/1998			
City & State			City & State			5. FEI Number Applied For Not Applied be Not Applied be			
Zip Country		Zip Country		у	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		ired		
7. Names	and Street Addresses	of Each Officer and/e	or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)		=	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PSTD	RILEY, SYLVIA			2703 WOOD HILL DRIVE- 2205 Wood Hill Place		•	JACKSONVILLE FL 32256		
D	RILEY, KENNETH W			2703 WOOD HILL DRIVE 2305 Wood Hill Place			JACKSONVILLE FL 32256		
			R	einsta	TEMEN	199	TS	5	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
RILEY, KENNETH W 1237-A ARLINGTON ROAD JACKSONVILLE FL 32211				oration an familiar w	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State				
Signature of Registered	of Maria	th W. 1	Kiley	ENT MUST SIGN	A CONTRACTOR OF THE CONTRACTOR		Date 10-22-99	_	
this rei	nstatement application	, the reason for disso been paid and the r	lution has been ames of individ	eliminated, the corporate listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un-	apter 607 or 617, F.S. I further certify that when filing to f section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	- 1	
SIGNA		AND TYPED OR PRI	Sily TED NAME OF S	GERING OFFICER OR	GUV DIRECTOR	10-2	2-99 904 727-7777 Date Daylime Phone #	,	
	•	v						1	