

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V53517 (1)
1. Corporation Name
SILKWOOD, INC.



Principal Place of Business
3049 NORTHEAST 163RD STREET
NORTH MIAMI BEACH FL 33160

Mailing Address
3049 NORTHEAST 163RD STREET
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0358919	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
NANCY WHITE 3049 NE 163 STREET N. MIAMI BEACH FL 33160		Theodore J. Klein, Atty 88 NE 163 St Street		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		86	
North Miami Beach FL		33162			

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 *[Signature]* DATE 3/12/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	1.1 NAME
NAME	SREDNI, ISAAC	1.2 NAME	1.2 STREET ADDRESS
STREET ADDRESS	3049 NE 163 ST	1.3 STREET ADDRESS	1.3 CITY - ST - ZIP
CITY - ST - ZIP	NORTH MIAMI BEACH FL	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP
TITLE	V	2.1 TITLE	2.1 NAME
NAME	MIRIAM, SREDNI	2.2 NAME	2.2 STREET ADDRESS
STREET ADDRESS	3049 NE 163 ST	2.3 STREET ADDRESS	2.3 CITY - ST - ZIP
CITY - ST - ZIP	NORTH MIAMI BEACH FL	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP
TITLE		3.1 TITLE	3.1 NAME
NAME		3.2 NAME	3.2 STREET ADDRESS
STREET ADDRESS		3.3 STREET ADDRESS	3.3 CITY - ST - ZIP
CITY - ST - ZIP		3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP
TITLE		4.1 TITLE	4.1 NAME
NAME		4.2 NAME	4.2 STREET ADDRESS
STREET ADDRESS		4.3 STREET ADDRESS	4.3 CITY - ST - ZIP
CITY - ST - ZIP		4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
TITLE		5.1 TITLE	5.1 NAME
NAME		5.2 NAME	5.2 STREET ADDRESS
STREET ADDRESS		5.3 STREET ADDRESS	5.3 CITY - ST - ZIP
CITY - ST - ZIP		5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP
TITLE		6.1 TITLE	6.1 NAME
NAME		6.2 NAME	6.2 STREET ADDRESS
STREET ADDRESS		6.3 STREET ADDRESS	6.3 CITY - ST - ZIP
CITY - ST - ZIP		6.4 CITY - ST - ZIP	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.

SIGNATURE: *[Signature]* President Isaac Sredni 3/13/98

CR2E034 (10/97)