

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 811203 (9)

1. Corporation Name
VIRGINIA KAYE INC



Principal Place of Business: 1187 HILLSBORO BEACH, POMPANO BEACH FL 33062
Mailing Address: 1187 HILLSBORO BEACH, POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 08/02/1956
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-0793433
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SILVERSTEIN, IRWIN
1187 HILLSBORO BEACH
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SO	<input type="checkbox"/> DELETE
NAME	NOVA, JOAN	
STREET ADDRESS	1187 HILLSBORO MILE, #1E	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	VAN VLIET, JACK	
STREET ADDRESS	1187 HILLSBORO MILE, #2E	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, MARY	
STREET ADDRESS	1187 HILLSBORO MILE #12W	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	BLOCK, JOHN F	
STREET ADDRESS	1187 HILLSBORO MILE #7W	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Mary Miller* MARY MILLER 4/29/96 (954) 428-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)