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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/02/1956	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0793433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SDX <input type="checkbox"/> DELETE
NAME	NOVA, JOAN
STREET ADDRESS	1187 HILLSBORO MILE #1R HILLSBORO BEACH FL
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE
NAME	VAN NIE, JACK
STREET ADDRESS	1187 HILLSBORO MILE #2R HILLSBORO BEACH FL
CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE
NAME	MILLER, MARY
STREET ADDRESS	1187 HILLSBORO MILE #12W HILLSBORO BEACH FL
CITY-ST-ZIP	
TITLE	VPB <input type="checkbox"/> DELETE
NAME	BLOK, KENNETH
STREET ADDRESS	1187 HILLSBORO MILE #17W HILLSBORO BEACH FL
CITY-ST-ZIP	
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

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NAZETTE, RICHARD
1.3 STREET ADDRESS	1187 HILLSBORO MILE, #5W HILLSBORO BEACH FL
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SILVERSTEIN, IRWIN
2.3 STREET ADDRESS	1187 HILLSBORO MILE, #9W HILLSBORO BEACH FL
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ILTEN, LEE
4.3 STREET ADDRESS	1187 HILLSBORO MILE, #4W HILLSBORO BEACH FL
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Miller **REQUIRED** MARY MILLER 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0078185**

CFR2E037 (9/96)