


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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 617.1506, 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	SD	<input type="checkbox"/> DELETE
NAME	NAZETTE, RICHARD	
STREET ADDRESS	1187 HILLSBORO MILE, #5W	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERSTEIN, IRWIN	
STREET ADDRESS	1187 HILLSBORO MILE, #9W	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MARY	
STREET ADDRESS	1187 HILLSBORO MILE #12W	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ILTEN, LEE	
STREET ADDRESS	1187 HILLSBORO MILE, #4W	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, MARY
2.3 STREET ADDRESS	1187 HILLSBORO MILE, #12W
2.4 CITY-ST-ZIP	HILLSBORO BEACH, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARGIORE, ADELE
3.3 STREET ADDRESS	1187 HILLSBORO MILE, #1W
3.4 CITY-ST-ZIP	HILLSBORO BEACH, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OSGOOD, RICHARD
4.3 STREET ADDRESS	1187 HILLSBORO MILE, #1E
4.4 CITY-ST-ZIP	HILLSBORO BEACH, FL
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 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: SIGN *Mary Miller, President* 4/20/98

CR2E037 (10/97)