

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004647 (4)**

1. Corporation Name

KAY MADISON CORPORATION



Principal Place of Business

98 CUTTER MILL RD.
 SUITE 452
 GREAT NECK NY 11021

Mailing Address

98 CUTTER MILL RD.
 SUITE 452
 GREAT NECK NY 11021

3. Date Incorporated or Qualified **10/11/1993** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business

21 **99 CUTTER MILL RD.**
 State, Apt. #, etc. **YSZ**
 22 **YSZ**
 City & State **GREAT NECK NY.**
 23 **11021** Country **U.S.**
 24 **11021** 25 **U.S.**

2a. Mailing Address

26 **99 CUTTER MILL RD.**
 State, Apt. #, etc. **YSZ**
 27 **YSZ**
 City & State **GREAT NECK NY.**
 28 **11021** Country **U.S.**
 29 **11021** 30 **U.S.**

4. FEI Number **13-2573258** Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

SIMON, GARY P ESQ.
SIMON & SIMON, P.A.
9100 SO. DADELAND BLVD., STE. 504
MIAMI FL 33156-7815

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 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 of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDVS	<input type="checkbox"/> DELETE
NAME	BERKO, JEROME	
STREET ADDRESS	150 EAST 64 ST.	
CITY, ST., ZIP	NEW YORK NY 10021	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	DIMSTON, CHARLES	
STREET ADDRESS	198 KINGS POINT RD.	
CITY, ST., ZIP	KINGSPPOINT NY 11024	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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	

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*****200.00**

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

SIGNATURE: **X** SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/95

CR2E034 (12/95)

3/16/96