

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 22 1996 8:00 am
Secretary of State

DOCUMENT # P94000003307 (3)

1. Corporation Name
EMENKAY, INC.



Principal Place of Business 1514 WALDORF CIR NE #3 PALM BAY FL 32905 US	Mailing Address 1514 WALDORF CIR NE #3 PALM BAY FL 32905 US
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3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report 01/27/1995
4. FEI Number 59-3216581	Applied For 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 21 391 BREEZEWAY AVE.	2a. Mailing Address 26 391 BREEZEWAY AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM BAY, FL	City & State 28 PALM BAY, FL
Zip 24 32907	Country 25 BREVARD
	Zip 29 32907
	Country 30 BREVARD

9. Name and Address of Current Registered Agent
**HECHT, MATTHEW D
1514 WALDORF CIRCLE NE
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name KELLY J. HECHT
82 Street Address (P.O. Box Number is Not Acceptable) 391 BREEZEWAY AVE.
83 City PALM BAY
84 State FL
85 Zip Code 32907

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 **KELLY J. HECHT - SECRETARY** *Kelly Hecht* **1-17-96**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME HECHT, MATTHEW D	
STREET ADDRESS 1514 WALDORF CIRCLE NE	
CITY - ST - ZIP PALM BAY FL	
TITLE S	<input type="checkbox"/> DELETE
NAME HECHT, KELLY J	
STREET ADDRESS 1514 WALDORF CIRCLE NE	
CITY - ST - ZIP PALM BAY FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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 PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HECHT, MATTHEW D.	
1.3 STREET ADDRESS 391 BREEZEWAY AVE.	
1.4 CITY - ST - ZIP PALM BAY, FL 32907	
2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HECHT, KELLY J.	
2.3 STREET ADDRESS 391 BREEZEWAY AVE.	
2.4 CITY - ST - ZIP PALM BAY, FL 32907	
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	

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: *Kelly Hecht* **1-17-96** **407-724-4639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)