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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P94000003307 (3)

EMENKAY, INC.

FILED Jan 22 1996 8:00 am Secretary of State

Principal Place of Business		Mailing Address			
1514 WALDORF CIR NE		1514 WALDORF CIR NE			
#3		#3 PALM BAY FL 32905			
PALM BAY FL 32905 US		US PALM BAT FL	32300	• • • • • • • • • • • • • • • • • • • •	a. Date of Last Report
				01/06/1994	01/27/1995
2. Principal Pla	ce of Business	2a. Mailing Addres		4. FEI Number	Applied For
21 391 8	BEEZEWAY AVE.		Speezeway Ave	59-3216581	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5,00 May Be
City & State	9 BAY. FL	28 PALM	BAY. FL	Trust Fund Contribution	Added to Fees
Zin	Country	Zip	Country	8. This corporation has liability for intar	igihie tax under s. 199.032,
24 3290	25 ROFVARO	29 32907	30 BREVARO	Florida Statutes 🔲 Yes 💽	No
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	stered Agent
			81 Name	FILLY T. HECUT	,
HECHT	, matthew D		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1514 V	ALDORF CIRCLE NE				
PALM (BAY FL 32905		83 391	BEEZFWAY AV	=.
			84 City 0		85 Zip_Code
			P	thm bay	FL 32907
11, Pursuant t	the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the above named corporation's boa	oration submits this statement for the purpos and of directors. Thereby accept the appointr	e of changing its registered office I nent as registered agent. I am
or registere familiar wit	h, and accept the obligations of, Section	n 607.0505, Florida St	atutes.	. 1	1 0.
SIGNATURE	KELLY J. HECHT-	SECRETARY	· Kelly H	eclit	1-17-96
	Signature, typed or printed name of registered agent a		(NOTE: Registered Agent signature require	ed while trefestationg" ADDITIONS/CHANGES TO OFFICE F	DA'L DR AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13. E 1.1 TITLE E	REGIDENT	harige Addition
TITLE	HECHT, MATTHEW D			lecht, Matthew D.	
NAME	1514 WALDORF CIRCLE NE		■ · · · · · · · · · · · · · · · · · · ·	91 BREEZEWAY AVE	
STREET ADDRESS	PALM BAY FL		70011217201200	ALM BAY, FL 3290	
CITY - ST - ZIP	S	☐ DELÉT	1 10111 01 21	ECOLTARY	Change Addition
NAME	HECHT, KELLY J			ECHT, KELLY T.	
STREET ADDRESS	1514 WALDORF CIRCLE NE			AL BEEFFEWAY AVE.	
CITY-ST-ZIP	PALM BAY FL			ALM BAY, FL 3290	1
TITLE		DELET			Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4.0/TY-ST-Z/P		
TITLE		DELET	E 4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		☐ DELET	E 5 1 TOLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			5 4 CITY - S1 - ZIP		[] As-251-2
TITLE		☐ DELE.	E 6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY-SI-7IP	for the exemption stated in Section 119.07(3)(k) Florida Stalutes I further
t wide to be a complete		are this time is volunta	no consignor and does not culativ	TO A THE EXECUTION OF STARRAGE MEDICAL FOR A STARRAGE OF A	OMBRE E ROTTO CHARGES I TUTOTO

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)(i), Florida Statutes. Furnish 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:

Leady Health Highway of Ficer on Director

407-724-4639

CR2E034 (12/95)