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AND  
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97 FEB 13 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003307 (3)

1. Corporation Name  
EMENKAY, INC.



Principal Place of Business

391 BREEZEWAY AVE. N.E.  
PALM BAY FL 32907  
US

Mailing Address

391 BREEZEWAY AVE. N.E.  
PALM BAY FL 32907-3048  
US

3. Date Incorporated or Qualified  
01/08/1994

3a. Date of Last Report  
01/22/1996

2. Principal Place of Business

21 391 BREEZEWAY AVE. N.E.  
Suite, Apt. #, etc.  
22 NO "#3"

2a. Mailing Address

26 391 BREEZEWAY AVE. N.E.  
Suite, Apt. #, etc.  
27 NO "#3"

4. FEI Number  
59-3216581

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

23 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

HECHT, KELLY J  
~~1514 WALDORF CIRCLE NE~~  
391 BREEZEWAY AVE. N.E.  
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

391 BREEZEWAY AVE. N.E.

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 KELLY J. HECHT-SEC'y.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

2-7-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME (HECHT) MATTHEW D.  
STREET ADDRESS 391 BREEZEWAY AVE. N.E.  
CITY-ST-ZIP PALM BAY FL

TITLE S ☐ DELETE

NAME (HECHT) KELLY J.  
STREET ADDRESS 391 BREEZEWAY AVE. N.E.  
CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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 J. HECHT-SEC'y.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-97

Date

407-724-4639

Daytime Phone #

0101845

CR2E034 (9/96)