

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P39184 (7)

1. Corporate Name
KAH, INC.



Principal Place of Business

**27 WILLIAM ST.
NEW YORK NY 10005**

Mailing Address

**27 WILLIAM ST.
NEW YORK NY 10005**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARKS, STANLEY
2875 NE 191ST ST.
NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified

06/08/1992

3a. Date of Last Report

01/17/1995

4. FEI Number

13-3487075

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

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 607.0901 and 607.1506, Florida Statutes, the above named corporate 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 607.0905, Florida Statutes.

SIGNATURE

(Print, Type, or Stamp Agent's Name and Address in Block)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	PV	☐ DELETE
12.2 NAME	HIPKINS, KENNETH A.	
12.3 STREET ADDRESS	27 WILLIAM ST.	
12.4 CITY, ST., ZIP	NEW YORK NY	
12.5 TITLE	TD	☐ DELETE
12.6 NAME	HIPKINS, KENNETH A.	
12.7 STREET ADDRESS	27 WILLIAM ST.	
12.8 CITY, ST., ZIP	NEW YORK NY	
12.9 TITLE	S	☐ DELETE
12.10 NAME	CRISCITELLO, MARK	
12.11 STREET ADDRESS	27 WILLIAM STREET	
12.12 CITY, ST., ZIP	NEW YORK NY	
12.13 TITLE		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST., ZIP		
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is currently furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 of this report or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Criscitello
Mark Criscitello

1/16/96 (212) 804-1010
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CR2E034 (12/95)