

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

DOCUMENT # **F93000004647 (4)**

1. Corporation Name

KAY MADISON CORPORATION



Principal Place of Business

Mailing Address

98 CUTTER MILL RD.
 SUITE 452
 GREAT NECK NY 11021

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 SUITE 452
 GREAT NECK NY 11021

3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 04/25/1995
4. FEI Number 13-2573258	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 type="checkbox"/> No	

2. Principal Place of Business 21 99 CUTTER MILL RD. State, Apt. #, etc. YSZ	2a. Mailing Address 26 99 CUTTER MILL RD. State, Apt. #, etc. YSZ
22 GREAT NECK NY. City & State	27 GREAT NECK NY. City & State
23 11021 U.S. Zip Country	28 11021 U.S. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 (Date) _____ (Date) _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Add on
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Add on
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Add on
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Add on
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Add on
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Add on

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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)

Handwritten initials and date