

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:12**

DOCUMENT # H01742 (6)

1. Corporation Name
RICHARD B. KAY P.A.

Principal Place of Business Mailing Address
**222 US HWY ONE
SUITE 208
TEQUESTA FL 33469** **222 US HWY ONE
SUITE 208
TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/02/1984 **03/22/1994**

4. FEI Number Applied For
59-2405442 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAY, RICHARD B
222 US HWY ONE
SUITE 208
TEQUESTA FL 33469**

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 607.0502 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 _____
(Signature must be printed name of registered agent and the corporation. (See 21E. Registered Agent signature required when necessary).)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | PST | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAY, RICHARD B. | 12 NAME | |
| STREET ADDRESS | 222 US HWY ONE, #208 | 13 STREET ADDRESS | |
| CITY, ST, ZIP | TEQUESTA FL | 14 CITY, ST, ZIP | |
| TITLE | | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY, ST, ZIP | | 24 CITY, ST, ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY, ST, ZIP | | 34 CITY, ST, ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY, ST, ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 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 110.07(3)(b), 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 if changed, or as an attachment with an address.

SIGNATURE: *Richard B. Kay* *Richard B. Kay* 1/11/95 407 747-8835
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Registered Preparer #