FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **H77652**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90260 039 ***158.75

KAY EQUITIES, INC.					
, , , , , , ,		•			P INROPARIA DIPA (ABAN) ABANG PORTE BANGKA BANG
Principal Place	e of Business	Mailing Address			- (14818)) Bill 1881 (881) 1986 Bill 1861 Bill 1861 Bill Bill Bill Bill Bill Bill Bill Bil
8668 PARK BLVD NORTH 8668 PARK BLVD NORTH					}
NO. G		NO. G.	u a		DO NOT INDITE IN THIS SPACE
SEMINOLE FL 33777 - 4348		SEMINOLE FL 33777—4348 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
US		US			09/25/1985
2 Principal P	lace of Business	2a. Mailing Address			4. FE! Number Applied For
21 26					59-2602135 Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.	<u>- </u>		\$8.75 Additional
27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coul	ntry	8. This corporation owes the current year Intangible
24		29 3	0		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
				81 Name	e
KAY, ALAN				82 Street	et Address (P.O. Box Number is Not Acceptable)
8668 PARK BLVD NO. SUITE G			ļ		
SEMINOLE FL 33777 _ 4348				83	
,				84 City	FL 85 Zip Code
to the property of changing the projectory					
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 in stepsise 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.					
We. Va /				RESID,	75 HT 4/W/1999
SIGNATURE Signature, typed or printed name of registered agent and title rijapplicable. (NOTE: Registered					e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 सा	LE	☐ Change ☐ Addition
NAME	KAY, ALAN		1.2 NA	ME	
STREET ADDRESS	8668 PARK BLVD NO SUITE G		1.3 ST	REET ADDRESS	s
CITY-ST-ZIP	SEMINOLE FL 33777~ 4348		1.4 CIT	Y-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TΠ	ιE	Change Addition
NAME	KAY, HOWARD B		2.2 NA	ME	
STREET ADDRESS	8668 PARK BLVD NO SUITE G		2.3 ST	REET ADDRESS	s
CITY-ST-ZIP	SEMINOLE FL 33777-43		2. 4 CI	TY-ST-ZIP	
TITLE		☐ DELETE	3.1 TIT	ιE	☐ Change ☐ Addition
NAME			3.2 NA	ME	
STREET ADDRESS	•		3.3 ST	REET ADDRESS	s
CITY-ST-ZIP			3.4. Cr	TY-ST-ZIP	- <u>-</u>
TITLE		☐ DEFELE	4.1 TIT	ΓE	☐ Change ☐ Addition
NAME			4. 2 N/	ME	
STREET ADDRESS			4.3 ST	REET ADDRESS	s .
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TIT		☐ Change ☐ Addition
NAME			5.2 NA	WE	
I	l		■ £ 2 OT	REET ADORESS	el l

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

Addition