

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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90162 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J43374**

1. Corporation Name
KAYE SALES ASSOCIATES, INC.

Principal Place of Business 777 NW 72 AVE. SUITE 1AA79 MIAMI FL 33126	Mailing Address 777 NW 72 AVE. SUITE 1AA79 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1986
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2756015
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEVY, JAY ESQ. — <i>NEW ADDRESS</i> → HERSHOFF, LEVY & SWARTZ, P.A. 6401 SW 87 AVE., SUITE 200 MIAMI FL 33173				81 Name	JAY LEVY ESQ.		
				82 Street Address (P.O. Box Number is not Acceptable)	9130 So. Bade Center Ste. 1701		
				83			
				84 City	Miami	85 Zip Code	FL 33156

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, JEFFREY		12 NAME				
STREET ADDRESS	1000 VENETIAN WAY #1502		13 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, SUSAN		22 NAME				
STREET ADDRESS	1000 VENETIAN WAY #1502		23 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, STEPHANIE		32 NAME				
STREET ADDRESS	1000 VENETIAN WAY 1502		33 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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

SIGNATURE: Susan Kaye SUSAN KAYE 3/15/99 (305) 264-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)