

**FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT  
Suzanne B. Mc  
Secretary of  
DIVISION OF CORP  
RATIONS

**APPROVED  
AND  
FILED**

25 MAY - 1 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M24036

(9)

1. Corporate Name

NEW YORK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
29259 U.S. 19 N. CLEARWATER FL 34621	29259 U.S. 19 N. CLEARWATER FL 34621

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State
24 Country	29 Zip
	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUNKEL, KIMBERLY 7015 WESTCOTT DR. PORT RICHEY FL 34668	81 Name
	82 Street Address (P O Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKEL, KIMBERLEY	12 NAME	
STREET ADDRESS	7015 WESTCOTT DRIVE	13 STREET ADDRESS	
CITY, ST, ZIP	PORT RICHEY FL	14 CITY, ST, ZIP	
TITLE	AS	21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, RICHARD	22 NAME	
STREET ADDRESS	29259 U.S. HIGHWAY 19	23 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	24 CITY, ST, ZIP	
TITLE		31 NAME	<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 NAME	<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 NAME	<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 NAME	<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 only furnished and true to the best of my knowledge and belief. 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 to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13a, Part 1, Item 1, or on any attachment thereto or addenda.

SIGNATURE: *Richard Hayden* **430-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**787-4000**

Federal Street