

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

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95 MAY -1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

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 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/02/1985** 3a. Date of Last Report **07/26/1994**

4. FEI Number **59-2774098** Applied For 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KUNKEL, KIMBERLY
7015 WESTCOTT DR.
PORT RICHY FL 34668**

10. Name and Address of New Registered Agent

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKEL, KIMBERLEY	1.2 NAME	
STREET ADDRESS	7015 WESTCOTT DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	PORT RICHY FL	1.4 CITY, ST, ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, RICHARD	2.2 NAME	
STREET ADDRESS	29259 U.S. HIGHWAY 19	2.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information reported with this filing is voluntarily furnished and is true and correct. I am an officer or director of the corporation or the executor or trustee or assignee of the corporation or the executor or trustee or assignee of the corporation. I am not qualified for the appointment stated in Sections 110.17(1)(b), Florida Statutes. I further certify that the information included on this annual report or quarterly or 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 13 of this report.

SIGNATURE: *Richard Hayden* **Richard Hayden** 430-95-787-4000