


FILE NOW: FILING FEE AFTER MAY 1 IS \$550:00

FILED
Aug 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M24036
1. Corporation Name
New York Associates, Inc.

Principal Place of Business: *29209 US 19 N. Clearwater, FL 33761*
Mailing Address: *29209 US 19 N. Clearwater, FL 33761*

Amended

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

3. Date Incorporated or Qualified <i>102/02/1980</i>	3a. Date of Last Report <i>Amended</i>
4. FEI Number <i>99-2774098</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
*Kimberly Kunkel
9015 Westcott Drive
Port Richey, FL*

10. Name and Address of New Registered Agent

81. Name <i>Tracy Foley</i>
82. Street Address (P.O. Box Number is Not Acceptable) <i>3209 Fox Chase Cir N. #200</i>
83. City <i>Palm Harbor</i>
84. State FL
85. Zip Code <i>34683</i>

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: *Tracy Foley* DATE: *8-12-97*

12. OFFICERS AND DIRECTORS

TITLE	<i>President (P)</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Kimberly Kunkel</i>	
STREET ADDRESS	<i>9015 Westcott Dr.</i>	
CITY-ST-ZIP	<i>Port Richey, FL</i>	
TITLE	<i>Assistant Secretary (AS)</i>	<input type="checkbox"/> DELETE
NAME	<i>Rick Hayden</i>	
STREET ADDRESS	<i>29209 US Hwy 19</i>	
CITY-ST-ZIP	<i>Clearwater FL 33761</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>President (P)</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Tracy Foley</i>	
1.3 STREET ADDRESS	<i>3209 Fox Chase Cir N #200</i>	
1.4 CITY-ST-ZIP	<i>Palm Harbor, FL 34683</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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.

SIGNATURE: *Tracy Foley* DATE: *8-12-97*

CR2E034 (9/96)