

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039610 (8)

1. Corporation Name

ESSKAY, INC.

Principal Place of Business

Mailing Address

450 PALM CIRCLE WEST 10457 NW 8 ST
SUITE 207 SUITE 105
PEMBROKE PINES FL 33026

450 PALM CIRCLE WEST 10457 NW 8 ST
SUITE 207 SUITE 105
PEMBROKE PINES FL 33026



2. Principal Place of Business

21 10457 NW 8 ST

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 PEMBROKE PINES, FL

Zip

24 33026

Country

25 USA

2a. Mailing Address

26 10457 NW 8 ST

Suite, Apt. #, etc.

27 SUITE 105

City & State

28 PEMBROKE PINES, FL

Zip

29 33026

Country

30 USA

3. Date Incorporated or Qualified

05/26/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0491129

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 s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KAPLAN, SANDRA

450 PALM CIRCLE WEST 10457 NW 8 ST
SUITE 207 SUITE 105
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10457 NW 8 ST, SUITE 105

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (see instructions for proper format and use of capitalization)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
KAPLAN, SANDRA
450 PALM CIRCLE WEST, SUITE 207
PEMBROKE PINES FL 33025

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

☒ Change ☐ Addition

10457 NW 8 ST, SUITE 105
PEMBROKE PINES, FL 33026

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sandra Kaplan SANDRA KAPLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (953)431-5267
DATE DAY/MONTH/YEAR

CR2E034 (12/95)