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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P940000 39610

ESSKAY, INC

Principal Place of Business

10457 NW 8 ST, STEIDS SAME

PEMBROKE PINES, FL:	201/			
*	·		3. Date Incorporated or Qualified 5/26/94	3a. Date of Last Report 4/18/96
2. Principal Place of Business	2a. Mailing Address 26 /0457 N M) 8 ST	4. FEI Number 65-0491129	Applied For
	26 /043 / // / Suite, Apt #, etc.	8 5/	65-0991121	Not Applicable
Suite Apt. # etc. 2	27 105		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3 PEMBROKE PINES, A	City & State 28 PEMBROKE		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33026 25 USA	Zip 29 33026	Country 30 USA	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 🔲 No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
SANDRA KAPLAN		81 Name		
10457 MM) 8 St		82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
10457 NW 8 ST STE 105				·
PEMBROKE PINOS, FL	33026	83	,	
JEMONUNE IMES,		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502				FL '
office or registered agent or both, in the State of agent. Familiar with, and accept the obligation of the control of the cont	ons of, Section 607.0505, Flo	rida Statutes. Registered Agent signature req.	,	DATE
2. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
1. 4	DELETE	11 TITLE		Change Addition
		12 NAME		<u> </u>
STEPLE ACTORISE 10457 NW 857	STE 105	1.3 STREET ADDRESS		
SANDRA KAPLAN MELIALDES 10457 NW 8 57 MY SI JE PEMBLOKE PINES, F	L 33026	1.4 CITY-ST-ZIP		
iltí	☐ DELETE	21 TITLE		Change Addition
WAAME		2.2 NAME		
STREET ACOMESS		2 3 STREET ADDRESS		
TY \$1.70		2 4 CiTY-ST-ZIP		
1.4	☐ DELETE	31 TITLE		Change Addition
vAMs		3.2 NAME		
TIMET ADDAS NO		3 3 STREET ADDRESS		
aty St 7IF	DELETE	34 CITY - ST - ZIP 41 TITLE		Change Addition
JHF	בן מנכנונ	4 2 NAME		Can Andrige Can Addition
IAMI Designations		4.3 STREET ADDRESS		
THE EL ALURE SE		4.4 CITY-ST-ZIP		
6.F	DELETE	5.1 TiTLE		Change Addition
12A4		5.2 NAME		
STREET ADDRESSE		5.3 STREET ADDRESS		411111111111111111111111111111111111111
. IY St 70°		5.4 CITY - ST - ZIP		111-1001
THE STATE OF THE	DELETE	61 TITLE	200000010	ange 🗆 Addition
NAME		62 NAME	80000215 -04/23/97010	22051
ST887 FACORITIS		6.3 STREET ADDRESS	###165 88	00 001

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 in It cated 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 eath; that it am as 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 Brock 12 or Block 13 if changed, or on an attachment with an address

FILED

Apr 22 1997 8:00am

Secretary of State