

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006579 (3)

1. Corporation Name
KAY NIK, INC.



Principal Place of Business
1318 N HOMESTEAD RD
LEHIGH ACRES FL 33936

Mailing Address
1318 N HOMESTEAD RD
LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report
4. FEI Number 65-0534472	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	

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

9. Name and Address of Current Registered Agent

HITCHCOCK, MYRA A
1318 N HOMESTEAD RD
LEHIGH ACRES FL 33936

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 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Agent or Officer or Director (Print Name and Title) _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	☐ Change ☐ Addition
2. NAME	HITCHCOCK, MYRA A	2. NAME	
3. STREET ADDRESS	206 E 6 ST	3. STREET ADDRESS	
4. CITY-STATE-ZIP	LEHIGH ACRES FL 33936	4. CITY-STATE-ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY-STATE-ZIP		8. CITY-STATE-ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE-ZIP		20. CITY-STATE-ZIP	
21. TITLE		21. TITLE	☐ Change ☐ Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY-STATE-ZIP		24. CITY-STATE-ZIP	
25. TITLE		25. TITLE	☐ Change ☐ Addition
26. NAME		26. NAME	
27. STREET ADDRESS		27. STREET ADDRESS	
28. CITY-STATE-ZIP		28. CITY-STATE-ZIP	
29. TITLE		29. TITLE	☐ Change ☐ Addition
30. NAME		30. NAME	
31. STREET ADDRESS		31. STREET ADDRESS	
32. CITY-STATE-ZIP		32. CITY-STATE-ZIP	
33. TITLE		33. TITLE	☐ Change ☐ Addition
34. NAME		34. NAME	
35. STREET ADDRESS		35. STREET ADDRESS	
36. CITY-STATE-ZIP		36. CITY-STATE-ZIP	
37. TITLE		37. TITLE	☐ Change ☐ Addition
38. NAME		38. NAME	
39. STREET ADDRESS		39. STREET ADDRESS	
40. CITY-STATE-ZIP		40. CITY-STATE-ZIP	
41. TITLE		41. TITLE	☐ Change ☐ Addition
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY-STATE-ZIP		44. CITY-STATE-ZIP	
45. TITLE		45. TITLE	☐ Change ☐ Addition
46. NAME		46. NAME	
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48. CITY-STATE-ZIP		48. CITY-STATE-ZIP	
49. TITLE		49. TITLE	☐ Change ☐ Addition
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52. CITY-STATE-ZIP		52. CITY-STATE-ZIP	
53. TITLE		53. TITLE	☐ Change ☐ Addition
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57. TITLE		57. TITLE	☐ Change ☐ Addition
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61. TITLE		61. TITLE	☐ Change ☐ Addition
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65. TITLE		65. TITLE	☐ Change ☐ Addition
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69. TITLE		69. TITLE	☐ Change ☐ Addition
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73. TITLE		73. TITLE	☐ Change ☐ Addition
74. NAME		74. NAME	
75. STREET ADDRESS		75. STREET ADDRESS	
76. CITY-STATE-ZIP		76. CITY-STATE-ZIP	
77. TITLE		77. TITLE	☐ Change ☐ Addition
78. NAME		78. NAME	
79. STREET ADDRESS		79. STREET ADDRESS	
80. CITY-STATE-ZIP		80. CITY-STATE-ZIP	
81. TITLE		81. TITLE	☐ Change ☐ Addition
82. NAME		82. NAME	
83. STREET ADDRESS		83. STREET ADDRESS	
84. CITY-STATE-ZIP		84. CITY-STATE-ZIP	
85. TITLE		85. TITLE	☐ Change ☐ Addition
86. NAME		86. NAME	
87. STREET ADDRESS		87. STREET ADDRESS	
88. CITY-STATE-ZIP		88. CITY-STATE-ZIP	
89. TITLE		89. TITLE	☐ Change ☐ Addition
90. NAME		90. NAME	
91. STREET ADDRESS		91. STREET ADDRESS	
92. CITY-STATE-ZIP		92. CITY-STATE-ZIP	
93. TITLE		93. TITLE	☐ Change ☐ Addition
94. NAME		94. NAME	
95. STREET ADDRESS		95. STREET ADDRESS	
96. CITY-STATE-ZIP		96. CITY-STATE-ZIP	
97. TITLE		97. TITLE	☐ Change ☐ Addition
98. NAME		98. NAME	
99. STREET ADDRESS		99. STREET ADDRESS	
100. CITY-STATE-ZIP		100. CITY-STATE-ZIP	

14. I 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:

Myra A. Hitchcock Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MYRA A. HITCHCOCK

2/20/96 941 369 0502
Date Filing Fee

CR2E034 (12/95)