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

PROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055345 1. Corporation Name

HEATHER KAY, INC.

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90059 028 ***150.00



Fillidipal Flace of Business			4				
460 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 IS	3290 PADDOCK ROAD FORT LAUDERDALE FL 33331		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed				
			06/26/1996				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
1	26		65-0678899 <u> </u>	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	* \$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip	ountry	This corporation owes the current year Personal Property Tax.	ntangible Yes ∐No			
4 25 9. Name and Address of C			10. Name and Address of New Registere	<u></u>			
KAHN, DONALD J ESQ	Curent Kedisteren Adeut	81 Name	IV. Namo and sands of the agreement				
317 71ST STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	•			
MIAMI BEACH FL 33141	•	83	,				
· •		84 City		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	Signature, typed or printed name of registered agent and title if app	licabia (NOTE: Re	gistered Agent signature re	quired when reinstating)		DATE		
12.	OFFICERS AND DIRECT	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE	<u> </u>		_	Change	☐ Addition
NAME	STEIN, GARY		1.2 NAME					
STREET ADDRESS	3280 PADDOCK ROAD		1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33331		1.4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	اد استان سوایلید یدها . 	·	2.4 CITY-ST-ZIP		7 1 ,	·	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME	<u>'</u>		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-\$T-ZIP	·		4.4 CITY-ST-ZIP					
TITLE	•	□ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY+ST+ZIP					
TITLE	_	☐ DELETE	6.1 TITLE				Change	Addition
NAME ()	1.金克, 夏雪.		6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS	•				
	profit in the first of the state of the stat		6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE: