PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000014975

## FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90010 038 \*\*\*150.00

SUSAN	KAY ENTERPRISES, INC.				
			<del></del>	<u> </u>	! !! <b>!!!!   !!!!!</b>   <b>!!!</b> !!   ! <b>!!!!</b>
Principal Plac		Mailing Address			
2000 GLADES . BOCA RATON		P.O. BOX 6636 Delray Beach Fl 33482		·	
DOOR HATON	re 33431	DELIAT DEMOTTE 30402		DO NOT WRITE IN THIS	S SPACE
				3. Date incorporated or Qualified	
				02/13/1998	
	Place of Business	2a. Mailing Address	1 1: 11	4. FEI Number	Applied For
21 2571	Hampton CiR. North	2a. Mailing Address	HON CIR. N.	65-08/7363	· Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3, 33, 33, 33, 34, 34, 34, 34, 34, 34, 3	Fee Required
City & Stat	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23 <i>Jerri</i>		28 Delray Bea		Trust Fund Contribution	Added to Fees
Zip	14.5 25 USA	72/1/5	Country USA	8. This corporation owes the current year in	itangibie ☐Yes IENo
24 <i>334</i>	/ <del></del>	29 33445 30	0 4377	Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Abdress of New Registered	- Adalu
CHA	APMAN, KRISTINE M ESQ.		11.00.00	<u> </u>	
	O GLADES RD.,STE.208		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	CA RATON FL 33431		B3		<del></del>
			84 City	FL.	85 Zip Code
		20 and 807 4509 Florida Statuton	the shows samed com		-
office or a	registered agent, or both, in the State	of Florida. Such change was auth	orized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes.	_	
SIGNATURE		MANUAL MA	gistered Agent signature require	ed when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
49	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TILE	D SATISBURY	DELETE			Change Addition
NAME	KAY, SUSAN	<b>Z</b>	12 NAME	KAY, Jusan, a. N	
STREET ACCRESS	D.O. DOV ASSO		13 STREET ADDRESS	KAY, Susan 1511 Hampton Cie. N.	
CITY-ST-ZIP	DELRAY BEACH FL 33482	,	1.4 CITY-ST-ZP Z	Delray Boach, FL 33445	
TITLE		☐ DELETE	2.1 TTLE		
NAME					Change Addition
STREET ADDRESS			2.2 NAME		Change Addition
CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS		Change Addition
				· · · · · · · · · · · · · · · · · · ·	Change Addition
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TITLE		() OELETE	2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		
TITLE NAME		() DELETE	2.3 STREET ADDRESS 2.4 CTTY-ST-ZIP 3.1 TITLE		
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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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

1-10-99

(561) 495-9429