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Jan 22 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 105832 (0)

1. Corporation Name
KELLY TRACTOR CO

Principal Place of Business
8255 N.W. 58TH ST.
BOX 520775
MIAMI FL 33152

Mailing Address
8255 N.W. 58TH ST.
BOX 520775
MIAMI FL 33152-0775



3. Date Incorporated or Qualified 11/30/1925	3a. Date of Last Report 01/25/1996
4. FEI Number 59-0197630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	30

9. Name and Address of Current Registered Agent

KELLY, NICHOLAS D.
8255 N.W. 58TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: Nicholas D. Kelly, Executive Vice President
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SVD	<input type="checkbox"/> DELETE
NAME	KELLY, NICHOLAS D.	
STREET ADDRESS	8255 NW 58 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, MARJORIE	
STREET ADDRESS	235 E ARCADE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELLEY, EVELYN J	
STREET ADDRESS	2845 GRANADA BLVD APT 3B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, ROBERT W	
STREET ADDRESS	136 W CIRCLE DRIVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KELLY, LOYD G	
STREET ADDRESS	11095 S W 53 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KELLY, PATRICK L	
STREET ADDRESS	2200 N GREENWAY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	K. David Julian	
1.3 STREET ADDRESS	5421 SW 39 WAY	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33312	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert L. Baldwin	
2.3 STREET ADDRESS	9283 SW 106 ST	
2.4 CITY-ST-ZIP	MIAMI FL 33176	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eileen I. Kelly	
3.3 STREET ADDRESS	11095 SW 53 AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33156	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: Nicholas D. Kelly 1-9-97 305-592-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)