

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K47914 (2)**

1. Corporation Name  
**W. KELLY SMITH II, INC.**



Principal Place of Business  
**255 SOUTH ORANGE AVENUE  
SUITE 850  
ORLANDO FL 32801**

Mailing Address  
**255 SOUTH ORANGE AVENUE  
SUITE 850  
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc. **Suite 800**  
22 City & State  
23 Zip Country  
24 25 26 27 28 29 30

3. Date Incorporated or Qualified **11/29/1988** 3a. Date of Last Report **02/13/1995**  
4. FEI Number **58-1818899** 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  
9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent

**BOWDOIN, DOUGLAS  
255 SOUTH ORANGE AVENUE  
SUITE 850  
ORLANDO FL 32801**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **Suite 800**  
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. Thereby I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, W. KELLY</b>	
STREET ADDRESS	<b>255 SO. ORANGE AVE. #850</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, W. KELLY</b>	
STREET ADDRESS	<b>255 S. ORANGE AVE. #850</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWDOIN, DOUGLAS</b>	
STREET ADDRESS	<b>255 S. ORANGE AVE. #850</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, N. 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>Ste. 800</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>Ste. 800</b>
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>Ste. 800</b>
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 is accurate on this annual report or supplementary annual report and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached card with a duplicate.

SIGNATURE: *[Signature]* **3-25-96** **04078437300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)