FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # **P92000010325 (8)**

1. Corporation Name
KELLOGG & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
500 E BROWARD BLVD STE 1950 FT LAUDERDALE FL 33394	500 E BROWARD BLVD STE 1950 FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 1250 NE 96th Street
22: Suite, Apt. #, etc.
23: City & State: Miami Shores FL
24: Zip: 33138 25: Country: USA

2a. Mailing Address
26: 1250 NE 96th Street
27: Suite, Apt. #, etc.
28: City & State: Miami Shores FL
29: Zip: 33138 30: Country: USA

4. FEI Number: 65-0387556 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADLER, MITCHELL D
500 E BROWARD BLVD
STE 1950
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: KATRINA KELLOGG
82 Street Address (P.O. Box Number is Not Acceptable): 1250 NE 96th Street
83:
84 City: Miami Shores FL 85 Zip Code: 33138

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: X [signature] KATRINA KELLOGG (Signature of new registered agent and title if applicable; printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: X 4-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KELLOGG, KATRINA	12 NAME	
STREET ADDRESS	1250 N E 96TH ST	13 STREET ADDRESS	
CITY ST ZIP	MIAMI SHORES FL 33138	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: X [signature] KATRINA KELLOGG (Signature and typed or printed name of individual) X 4-12-95 (Date) X (305) 757-9801 (Daytime Phone #)
PRESIDENT/DIRECTOR

0241536 CF