SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIL FLORIDA DEPARTMENT OF STATE GORPORATION . Sandra B. Moctha A'NNUAL REPORT Secretary of State FILED 1996 DIVISION OF CORPORATIONS SEP 30 PH 6: 52 DOCUMENT # P95000030785 (6) KELLEY-GRACE COMMUNICATIONS, INC. Mailing Address Principal Piace of Business 1200 N FEDERAL HIGHWAY 1200 N FEDERAL HIGHWAY SUITE 200 SUITE 200 **BOCA RATON FL 33432 BOCA RATON FL 33432** Bate Incorporated or Qualified 04/14/1995 Applied For poipal Place 2a. Mailing Address Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 This corporation has liability for intangible tax under s 199 032, Yes Florida Statutes 29 24 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERLSTEIN, MITCHELL 1200 N FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **BOCA RATON FL 33432** 84 City 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. Familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change Addition DELETE 1.1 TITLE THE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP 30**0001-9769** -10/16/96--<del>01</del>08 0019-31-749 DELETE 21 HILE 10,6 22 NAME \*\*\*\*225.00 1.30% \*\*\*\*225.00 2.3 STREET ADDRESS \$1RELL #006/785 2 4 CITY - \$1- ZIP CEY 51-26 DELETE Change Addition 1111 31 THLE NAM 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP C Fr - 51 - 719 Change Addition DELETE 4.1 TITLE TELL 4. 2 NAME NAM 4.3 STREET ADDRESS STREET 40ERESS 4.4 CITY - ST - ZIP (d) ST-701 Change Addition DELETE 100 5.1 TITLE 5.2 NAME N. 5.3 STREET ADDRESS ADDRESS 54 CITY - ST-ZIP C:11: S\* 719 DELFTE Criange Addition HILL 61 TITLE 62 NAME 63 STREET ADDRESS STREET ADDRESS 64 C(TY - ST - 7)P 14. I do nereby 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 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 617, Florida Statutes, and In attachment with an address SIGNATURE: