SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 31, 1999 8:00 am
Secretary of State
08-31-1999 90005 016 ***550.00

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DOCUMENT # 601583

1. Corporation Name
KELLY, BLACK, BLACK, BYRNE & BEASLEY, P.A.

Principal Place of Business	Mailing Address
1400 DUPONT BLDG MIAMI FL 33131	1400 DUPONT BLDG MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1969

2. Principal Place of Business	2a. Mailing Address
21 Two S. Biscayne Blvd.	26 Same
Suite, Apt. #, etc. 22 Suite 2930	Suite, Apt. #, etc. 27 Same
City & State 23 Miami, FL	City & State 28 Same
Zip 24 33131 Country 25 USA	Zip 29 Same Country 30 Same

4. FEI Number: 59-1276174 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACHER,CHARLES P
ALFRED I DUPONT BLDG
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: HUGO L. BLACK, JR.
82 Street Address (P.O. Box Number is Not Acceptable): Two South Biscayne Boulevard
83: Suite 2930
84 City: Miami FL 85 Zip Code: 33131

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: Hugo L. Black Jr. 8/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, ROBERT C.		1.2 NAME	
STREET ADDRESS	9050 SW 62 CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BLACK, HUGO L., JR.		2.2 NAME	
STREET ADDRESS	~~11205 S W 73 AVE~~		2.3 STREET ADDRESS	12305 S.W. 73 Avenue
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BEASELY, JOSEPH W.		3.2 NAME	
STREET ADDRESS	3130 EMATHLA ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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: Hugo L. Black Jr. SIGNATURE REQUIRED 8/27/99 305-358-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)