

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).

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90005 016 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 601583
 1. Corporation Name
KELLY, BLACK, BLACK, BYRNE & BEASLEY, P.A.



Principal Place of Business 1400 DUPONT BLDG MIAMI FL 33131	Mailing Address 1400 DUPONT BLDG MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Two S. Biscayne Blvd.	26 Same	10/24/1969		4. FEI Number	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-1276174		Applied For	
22 Suite 2930	27 Same	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Miami, FL	28 Same	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	Zip	Country		
24 33131	25 USA	29 Same	30 Same		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SACHER, CHARLES P ALFRED I DUPONT BLDG MIAMI FL				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	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.* DATE: 8/27/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, HUGO L., JR.	2.2 NAME	
STREET ADDRESS	11205 S.W. 73 AVE	2.3 STREET ADDRESS	12305 S.W. B Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.* DATE: 8/27/99 DAYTIME PHONE #: 305-358-5700

CR2E034 (5/99)