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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

657506

(2)

ROHAN KELLEY, P.A.  Principal Place of Business  Muling Address  3365 GALT OCEAN DR FORT LAUDERDALE FL 33308  FORT LAUDERDALE FL 33308						
2. Principal Pla	ce of Business	2a, Mailing Address		4. FEI Number	Applied For	
1		26		59-1982314	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2 City & State		27 City & State		E Floring Compaign Emerging	Fee Required	
3		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for it		
ī	25	29	30	Florida Statutes  Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
KELLEY, ROHAN			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	LT OCEAN DR		83			
FI LAUU	ERDALE FL 33308					
			<b>84</b> City		FL 85 Zip Code	
SIGNATURE:	Signatino (typed or prodest nepresst registered agri- OF FICERS AN	tantezassae d DIRECTORS	(IE Regulaters Agent signature requ	er which remodeling  ADDITIONS/CHANGES TO OFFI	DA'E CERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	1 1 T T L E	VSO	Change Addition	
IAME	KELLEY, ROHAN		1.2 NAME	SHAME KELLEV		
STAFF F ACIDRESS	3365 GALT OCEAN DR		1.3 STREFT ADDRESS	SBATE KELLEY 3365 GALT OLAAN BAI ET. LAUDARDALA, JL	· AR	
CITY+S1-ZIP	FT LAUDERDALE FL		1.4.0 (Y-ST-ZP	Friangeron L. 3C	33308	
TITLE	VSD	DELETE	2 1 Tilef		Change Addition	
NAME	FARRINGTON, CECIL T. 2890 NE 29TH ST		2.2 NAME			
STREET ACCRESS	FT LAUDERDALE FL		2.3 STRSET ADDRESS			
DITY+ST+ZIP TITLE	11 ENOUCHDALL IL	DELETE	2.4 C(f.Y - S1 - Z)P 3.1 T(f.LE		Change Addition	
IAME		<b>—</b>	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CHTY - ST - ZIP			
TITLE .		Dei Fie	4 1 TITUE		Change Addition	
AME 3MAP			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CHY+ST-ZIP		☐ Change ☐ Addit.on	
TITLE NAME			5 1 THE 5 2 NAME		Li change Li Addition	
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			
certify that oath: that I	y certify that the information supplied the information indicated on this arm am an officer or director of the Orip Block 12 or Block 13 if changed or	a 🌠 port or supplemental ar	inual report is true and accure see empowered to execute	, for the exemption stated in Section 119, trate and that my signature shall have the this report as required by Chapter 607, Flo	same legal effect as if made under	

SIGNATURE:

GIN TURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

3-15-96 454-563+400

CR2E034 (12/95)