	PROFIT DRPORATION NUAL REPORT 1996	Sandra E Secreta	RIMENT OF STATE B. Mortham Iry of State CORPORATIONS		
1. Corporat		2 (9)			
KELLY	Y COMMUNICATIONS, INC.			148	
Principal Pla	ace of Business	Markov Addison			
		Mailing Address		i indiind film film iffilm iibt! mik!	a iren arefre avzer erant glade glade Atabi (60)
#201	OF MEXICO DR.	5555 GULF OF MEXICO (DR.		
LONGBOAT US	KEY FL 34228	LONGBOAT KEY FL 3422 US	18	3. Date Incorporated or Qualifie	d 3a. Date of Last Report
	Place of Business			02/22/1982	05/01/1995
2. Fillicipal 1	riace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap	t #, etc	Suite, Apt. #, etc		59-2215575	Not Applicable \$8.75 Additional
City & Sta	316)	27		5. Certificate of Status Desired	Fee Required
3	ale	Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 4	Country 25	Ζιρ 29	Country 30	This corporation has liability to Florida Statules	Added to Fees or intangible tax under s 199 032
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New I	
М	CCRUDDEN, JAMES C		81 Name		
55 1.0	555 GULF OF MEXICO DR #201 ONGBOAT KEY FL 34228		62 Street	Address (P.O. Box Number is Not Accept	able)
L	DINOBONI NET PL 39228				
			83		
					OF In Code
11. Pursuan	t to the provisions of Sections 607 0503	2 and 607 1508. Florida Statute	84 City		FL 85 Zip Code
11. Pursuant office or agent 1:	t to the provisions of Sections 607,0500 registored agent, or both, in the State o am familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was au litions of, Section 607.0505, Flori Junes of, Section 607.0505, Flori	84 City	corporation submits this statement for the oration's board of directors. Thereby aboa	FL
11. Pursuant office or agent 1: SIGNATURE	am familiar with, and accept the obliga	ations of Section 607.0505, Flor	84 City s, the above-named athorized by the corp ida Statutes	oranion's board or directors. Thereby aboe	FL
agent 1:	am familiar with, and accept the obligation of the obligation of the state of the s	ations of, Section 607.0505, Flor	84 City s, the above named athorized by the corplical Statutes Registered Agent's gnature	oration's noard or directors. I hereby about	purpose of changing its registered of the appointment as registered
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further certify that the information indicated on this arinual report or supplémental 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

On the same legal effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.