

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000001008 (3)

1. Corporation Name
KELLPROP, INC.

Principal Place of Business Mailing Address
18000 STATE ROAD 9 18000 STATE ROAD 9
MIAMI FL 33162 MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1992 3a. Date of Last Report 04/05/1994

4. FEI Number 65-0414466 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 3499 NW 53 Street 26 3499 NW 53 Street
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State Fort Lauderdale, FL 28 Fort Lauderdale, FL
24 Zip 33309 25 Country USA 29 Zip 33309 30 Country USA

9. Name and Address of Current Registered Agent
COHEN, BEVERLY
18000 STATE ROAD 9
MIAMI FL 33162

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 3499 NW 53 Street
84 City Fort Lauderdale FL 85 Zip Code 33309

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 officer 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DOSS, WAYNE
STREET ADDRESS	18000 STATE ROAD 9
CITY - ST - ZIP	MIAMI FL 33162
TITLE	ST
NAME	MUNRO, CRAIG
STREET ADDRESS	231 SOUTH LASALLE STREET
CITY - ST - ZIP	CHICAGO IL 60697
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Doss, Wayne	
3. STREET ADDRESS	3499 NW 53 Street	
4. CITY - ST - ZIP	Fort Lauderdale, FL 33309	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I hereby 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne Doss* 1-30-95 (305) 777-2060
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WAYNE DOSS