

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000002847 (0)**

1. Corporation Name
KILEY CAPITAL, INC.



Principal Place of Business: ~~777 S. FLAGLER - 8TH FLOOR, WEST TOWER WEST PALM BEACH, FL 33401~~
KILEY CAPITAL, INC.
304 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480

Mailing Address: *Kiley Capital*
~~777 S. FLAGLER - 8TH FLOOR, WEST TOWER WEST PALM BEACH, FL 33401~~
304 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480

3. Date Incorporated or Qualified: **06/13/1995** 3a. Date of Last Report

4. FEI Number: **36-3991294** 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

21. **KILEY CAPITAL, INC.**

22. **304 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480**

23. Zip: Country:

24. 25. 26. Mailing Address: **KILEY CAPITAL, INC.**

27. **304 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480**

28. City & State:

29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

KILEY, MICHAEL
~~777 S. FLAGLER DRIVE 8TH FLOOR, WEST TOWER WEST PALM BEACH, FL 33401~~
KILEY CAPITAL, INC.
304 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KILEY, MICHAEL	
STREET ADDRESS	230 EVERGLADES AVENUE #102	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000001865650
-06/18/96--01118--031
*****208.75**

14. I do 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 biennial 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 trustee or custodian empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, if on an attachment, with an address.

SIGNATURE: *Michael J. Kiley* DATE: **4/18/96** TIME: **4:07** PHONE: **820 9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)