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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K54117 (2)

1. Corporation Name  
KELLY RYAN FINANCIAL, INC.

Principal Place of Business  
% ~~CONNIE D. MCCARTHY~~  
3946 PRAIRIE DUNES DR.  
SARASOTA FL 34238

Mailing Address  
% ~~CONNIE D. MCCARTHY~~  
3946 PRAIRIE DUNES DR.  
SARASOTA FL 34238-2818



3. Date Incorporated or Qualified 12/19/1988  
3a. Date of Last Report 03/06/1996

2. Principal Place of Business 21 William P McCarthy Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 William P McCarthy Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 65-0088039 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCCARTHY, CONNIE D.  
3946 PRAIRIE DUNES DR.  
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name McCarthy, William P.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3946 Prairie Dunes Dr  
83 Sarasota FL  
84 City  
85 Zip Code 34238

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 *William P McCarthy* William P McCarthy 1/15/97  
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, CONNIE D.	1.2 NAME	
STREET ADDRESS	3946 PRAIRIE DUNES DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, WILLIAM P	2.2 NAME	DPS VPT
STREET ADDRESS	3946 PRAIRIE DUNES DR	2.3 STREET ADDRESS	3946 Prairie Dunes Dr
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	Sarasota FL 34238
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 do 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: *William P McCarthy* William P McCarthy 1/15/97 941 484-7079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)