FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOC	JMENT	#	36	32	84

1. Corporation Name

KILDAY & ASSOCIATES, INC.

Prin	cipal	Pla	ce	of	Bu	sine	SS
					_		

Mailing Address

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90184 010 ***150.00



1551 FORUM PLACE. #100A W PALM BEACH FL 33401	1551 FORUM F W PALM BEAC		DO NOT WRITE IN THIS SPACE			E			
					3.	Date Incorporated or Qualifed 12/11/1989			
2. Principal Place of Business	2a. Mailing Ad	ldress				FEI Number .			Applied For
11	26					65-0171296			Not Applicable
Suite, Apt. #, etc.	Suite, Apt	. #, etc.			5.	Certificate of Status Desired		•	75 Additional ee Required
City & State	City & Sta	te			6.	Election Campaign Financing		\$5	.00 May Be
13	28				"	Trust Fund Contribution	□ .		ded to Fees
Zip Country	Zip 29	Cour	ntry		8.	This corporation owes the curr Personal Property Tax.	ent year int	angible X Yes	
9. Name and Address of	Current Registered Age	nt			10.	Name and Address of New I	Registered	Agent	
KIERAN J. KILDAY			81	Name					
1551 FORUM PLACE #100A		-	82	Street Addre	ess (P	O. Box Number is Not Accept	able)		
WEST PALM BEACH FL 3340	1	-	83						
		-	84	City			FL	85	Zip Code
44 Durawant to the provinces of Pastions	607 0502 and 607 1508 E	orida Statutes, the ab	OVE-	-named como	ration	submits this statement for the	purpose of	changir	na its registered

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	Signature, typed or printed name of registered agent and title if applicable. (NOTI	- Registered Agent signature re	cuired when reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PTD DELETE	1.1 TITLE		Change	Addition		
NAME	ROBINSON, MELINDA L	1.2 NAME					
STREET ADDRESS	1551 FORUM PLACE - STE 100A	1.3 STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP					
TITLE	VPD DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	KILDAY, KIERAN J	2.2 NAME					
STREET ADDRESS	1551 FORUM PLACE - STE 100A	2.3 STREET ADDRESS	•				
CITY-ST-ZIP	WEST PALM BEACH FL	2. 4 CITY-ST-ZIP					
TITLE	\$D □ DELETE	3.1 TITLE		Change	Addition		
NAME	WALTER, COLLENE W	3.2 NAME					
STREET ADDRESS	1551 FORUM PLACE, STE 100A	3.3 STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL	3.4. CITY-ST-ZIP			priming a b block		
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS		•	į		
CITY-ST-ZIP		4.4 CiTY-ST-ZIP			- Addition		
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME		5.2 NAME	•				
STREET ADDRESS		5.3 STREET ADDRESS	For the second of the contraction of the second	; n +			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			□ A JJE		
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition		
NAME		6.2 NAMÉ					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY+ST+ZIP	2- 04 440 07(0)(2) Florido Clob	1			

14. I 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 informatic 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, with all other like empowered.

SIGNATURE: Melinda L. Robinson MA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 689-5522