SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 16 AM 8:49

DOCUMENT # L 53029 (9)

1. Corporation Name
KELLY'S KOLLECTION, INCORPORATED

Principal Place of Business / Mailing Address
704 GRAN KAYMEN WAY
APOLLO BEACH, FLORIDA 33572 (NEW ADDRESS)

2. Principal Place of Business	2a. Mailing Address
21 704 GRAN KAYMEN WAY	26 704 GRAN KAYMEN WAY
Suite, Apt #, etc. 22	Suite, Apt # etc. 27
City & State 23 APOLLO BEACH, FL	City & State 28 APOLLO BEACH, FL
Zip 24 33572 Country 25 USA	Zip 29 33572 Country 30 USA

3. Date Incorporated or Qualified: 7-1-90
3a. Date of Last Report: 3-23-95
4. FEI Number: 65-0538665 (Applied For / Not Applicable)
5. Certificate of Status Desired: [X] **$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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MOWERY, KELLY REED
2856 SW BRIGHTON WAY
PALM CITY, FL 34990

10. Name and Address of New Registered Agent
81 Name: MOWERY, KELLY REED
82 Street Address (P.O. Box Number is Not Acceptable): 704 GRAN KAYMEN WAY
83
84 City: APOLLO BEACH FL 85 Zip Code: 33572

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: _____ (NOTE: Registered Agent signature is required when necessary.) DATE: _____
Signature, typed or printed name of Registered Agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MOWERY, KELLY REED 2856 SW BRIGHTON WAY PALM CITY, FL 34990	[X] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT MOWERY, KELLY REED 704 GRAN KAYMEN WAY APOLLO BEACH, FL 33572	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MOWERY, JAMES W. 2856 SW BRIGHTON WAY ~~APOLLO BEACH~~ PALM CITY, FL 34990	[X] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT MOWERY, JAMES W. 704 GRAN KAYMEN WAY APOLLO BEACH, FL 33572	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	000001896370 -07/17/96--01030--017 ****233.75 ****233.75	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kelly Reed Mowery 7-12-96 (813) 641-1857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
KELLY REED MOWERY