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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M52928

1. Corporation Name
JAMES C. KELLEY, P.A.

Principal Place of Business

Mailing Address

**44 W. FLAGLER ST
STE 2250
MIAMI FL 33130
US**

**44 W. FLAGLER ST
STE 2250
MIAMI FL 33130
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1987

4. FEI Number

59-2823639

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9100 S. Dadeland Blvd.

2a. Mailing Address

26 9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1707

27 Suite 1707

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Zip

Country

Country

24 33156

25 USA

29 33156

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLEY, DARLENE M.
44 W. FLAGLER ST
STE 2250
MIAMI FL 33130**

81 Name

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

9100 S. Dadeland Blvd.

83 Suite 1707

84 City
Miami

FL

85 Zip Code
33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **KELLEY, JAMES C.**
CITY-ST-ZIP **44 W. FLAGLER ST STE 2250
MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9100 S. Dadeland Blvd., Suite 1707**
1.4 CITY-ST-ZIP **Miami, Florida 33156**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **X** **KELLEY, JAMES C.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-28-99
Date

X 305-670-0808
Daytime Phone #

CR2E034 (11/98)