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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

DOCUMENT # **P93000082245**1. Corporation Name

KELLEY & KELLEY ADVERTISING, INC.

Principal Place	e of Business	Mailing Address				
1995 E. OAKLAND PARK BLVD SUITE #250 FT LAUDERDALE FL 33306 US		1995 E. OAKLAND PARK BLVD SUITE #250 FT LAUDERDALE FL 33306 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
!	Mailing Address AND PARK BLVD SUITE #250 ALE FL 33306 BLE FL 33306 ALE FL 33306 BLE FL 33308 BLE FL 31102 BLE FL 33308 BLE FL 31102 BLE FL 33308 BL					
·	lace of Business	<u> </u>				
21 Suite Ant	# -1-				65-0453103 Not Applical	
22 Suite, Apr.	#, etc.	→ • • • •			5. Certificate of Status Desired Fee Required	
City & State					6. Election Campaign Financing \$5.00 May Be	
23					Trust Fund Contribution Added to Fees	
Zip		Б — — —	Country	y	8. This corporation owes the current year Intangible Personal Property Tax.	
24			-		10. Name and Address of New Registered Agent	
	g, Name and Address of Curren	t Registered Agent	81	Name o		
KELL	EX PATRICK S					
3409 SPANISH WELLS DRIVE, #D			82			
DELRAY BEACH FL 33445			83		1.11	
			84	City a	85 Zip Code	
				\ \frac{1}{2}	LAUBERBALE FL 33308	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the	ie abov ized by	e-named corporation	pration submits this statement for the purpose of changing its registere in'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	Oberland Blend	· ,		Burocas	J/1/51	
	<u> </u>			ent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	******				Change Add	
NAME	KELLEY, PATRICK S		12 NAME			
STREET ADDRESS	7	#D	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1 4 CITY-5	ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Add	
NAME		:	2.2 NAME			
STREET ADDRESS	1	;	2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308			ST-ZIP	Change Add	
TITLE		_				
NAME				T ADDDESS	•	
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CITY-ST-ZIP TITLE				31-ZIF	☐ Change ☐ Add	
NAME			4. 2 NAME	:	·	
STREET ADDRESS		,	4.3 STREE	ET ADDRESS		
CITY-ST-ZIP		,	4.4 CITY-:	ST-ZIP	•	
TITLE		☐ DELETE :	5.1 TITLE		Change Add	
NAME			5.2 NAME			
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CITY-ST-ZIP		<u></u>	5.4 CITY-			
TITLE			6.1 TITLE		☐ Change ☐ Add	
NAME			6.2 NAME	ET ADDRESS	· .	
CTREET APPRECASE	1	•	o.a a i Ktt	I ALJUNESSO I	· · · · · · · · · · · · · · · · · · ·	

6.4 CITY-ST-ZIP 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.