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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an atlachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

May 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030785 (6)

KELLEY-GRACE COMMUNICATIONS, INC.

Mailing Address Principal Place of Business 1200 N FEDERAL HIGHWAY 1200 N FEDERAL HIGHWAY SUITE 200 SUITE 200 BOCA RATON FL 33432-2813 **BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1996 04/14/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0574303 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zio This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERLSTEIN, MITCHELL 1200 N FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **BOCA RATON FL 33432** 84 City Zip Code 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 add accept the office of the state of Florida Statutes.

SIGNATURE

Signature track or discussions 607 0502 and 607 0505. Florida Statutes. NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 11 TILE Change TITLE GRACE, ELIZEBETH K 1.2 NAME 1200 N. FEDERAL HWY #200 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CHY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Dilly - ST - ZIP Addition DELETE 3.1 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZiP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS C11Y - S1 - Z#P 4.4 CITY - ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST-ZIP ___ Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 path; 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