PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030785

KELLEY-GRACE COMMUNICATIO							
Principal Place of Business	Mailing Address						
1200 N FEDERAL HIGHWAY SUITE 200	1200 N FEDERAL HIGHWAY SUITE 200						
BOCA RATON FL 33432	BOCA RATON FL 33432			DO NOT WRITE IN THIS SPAC			
	÷		3. Date Incorporated or Qualifed 04/14/1995				
2. Principal Place of Business	2a. Mailing Address 1777	436	Day Digg	FEI Number			
21	26 bora Haben S			N ₂ 65-05/4303			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired F				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution				
Zip Country	Zip 29 30	Country	8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Cui		-		10. Name and Address of New Registered Agent			
		81	Name				
PERLSTEIN, MITCHELL 1200 N FEDERAL HIGHWAY			32 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200 BOCA RATON FL 33432		83					
500/1101/01/12 00/02		84	City	E: 85			

May 03, 1999 8:00 am Secretary of State

05-03-1999 90115 034 ***150.00



Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

GRACE, EUZEBETH K 12 VAME 13 STREET ADDRESS 1200 N. FEDERAL HWY #200 13 STREET ADDRESS 14 CITY-ST-ZIP	4	25	9 3	0		Personal Property Tax.	☐ Yes	□No
PERLSTEIN, MITCHELL 1200 N FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33432 ### City FL 85 Zip Code ### City FL 85 Zip Cod	1		gistered Agent			10. Name and Address of New Regist	ered Agent	
1200 N FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33432 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 regis effice 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 register agent, in a familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 14. TITLE 15. NAME 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 15. TITLE 15. T				8	1 Name			
SUIN PEDEFAL HIGHWAY				R	2 Street Add	tress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432 84 City				ľ	Oll Cot / lat	is the supplies of		·
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 registering 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 register agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Confidency C				8	3			
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 register of 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 register agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, hope to protect name or registered agent and ultio if applicable. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 12. WAVE SIRRET ADDRESS DITY-ST-ZP TITLE 12. NAME 13. STREET ADDRESS DITY-ST-ZP TITLE 14. CITY-ST-ZP 15. TITLE 16. Change 17. Change 18. Change 19. Change	BOC	A RATON FL 33432		-			ne Zin (
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyperd or printed name of registered agent and bot 8 applicable. (NOTE: Registered Agent signature required when rendating) DATE						· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Signature, typed or printed name of registered agent and tills of agent ag	office or r	egistered agent, or both, in the State of Flo	orida. Such change was aut	horized b	v the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of changing its appointment as reg	registered gistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP 14. CITY-ST-ZIP	SIGNATURE	·				DA	re	
DELETE					ent signature requi			RS IN 12
GRACE, EUZEBETH K 12 VAME 13 STREET ADDRESS 1200 N. FEDERAL HWY #200 13 STREET ADDRESS 14 CITY-ST-ZIP						ADDITIONS/CHANGES TO OFFICE		Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	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	44 Lhoroby	certify that the information supplied with thi	s filing does not qualify for t	he exem	otion stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the in	nformation

officer or director of the corporation or the Block 12 or Block 13 if changed, or on a

SIGNATURE: