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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000005965 (4)

1. Corporation Name
BILL KELLEHER REALTY, INC.



Principal Place of Business Mailing Address
400 KINGS POINT DRIVE LOBBY FLOOR MIAMI BEACH FL 33160

3. Date incorporated or Qualified **01/11/1996** 3a. Date of Last Report
4. FEI Number **Applied For** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

**DENBERG, MICHAEL B
1031 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent
81. Name **Michael B. Denberg**
82. Street Address (P.O. Box Number is Not Acceptable) **2875 NE 191 St Suite 500**
83.
84. City **Aventura** FL 85. Zip Code **33180**

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, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **D KELLEHER, BILL**
STREET ADDRESS **400 KINGS POINT DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33160**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **Treasurer** Change Addition
1.2 NAME **Nikal Sdare's**
1.3 STREET ADDRESS **9007 Dickens Ave.**
1.4 CITY-ST-ZIP **Surfside, FL 33154**
2.1 TITLE **Secretary** Change Addition
2.2 NAME **Alicia Luna**
2.3 STREET ADDRESS **11043 SW 16 MANOR**
2.4 CITY-ST-ZIP **DAVIC, FL 33324**
3.1 TITLE **President** Change Addition
3.2 NAME **MAGDALENA LUNA**
3.3 STREET ADDRESS **11043 SW 16 MANOR**
3.4 CITY-ST-ZIP **DAVIC, FL 33324**

14. I do hereby certify that the information supplied with the 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 or is included on an attachment with an address.

SIGNATURE: *[Signature]* 3-10-97 305-865-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)