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97 JUL 15 AM 11:03

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
 Sandra S. Mertham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P98000059605 (1)**  
 Corporation Name  
**KEVIN HALLARAN, INC.**

Principal Place of Business  
 6085 N.W. 6TH WAY  
 SUITE 210  
 FT. LAUDERDALE FL 33309

Mailing Address  
 6085 N.W. 6TH WAY  
 SUITE 210  
 FT. LAUDERDALE FL 33309-6118

1. Principal Place of Business  
 21 5700 SW 188 AVENUE  
 Suite, Apt. #, etc.

22. Mailing Address  
 25 5700 SW 188 AVENUE  
 Suite, Apt. #, etc.

23. City & State  
 26 Fort Lauderdale FL

24. Zip  
 29 33332

25. Country  
 28 USA

3. Date Incorporated or Qualified  
 07/16/1996

4. Date of Last Report  
 N/A

4. PEI Number  
 65-0678584

5. Certificate of Status Desired  
 \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  
 \$5.00 May be Added to Fees

7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes  
 Yes  No

10. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent  
 HALLARAN, KEVIN  
 6085 N.W. 6TH WAY  
 SUITE 210  
 FT. LAUDERDALE FL 33309

81 Name  
 ROBERT HALLARAN

82 Street Address (P.O. Box Number is Not Acceptable)  
 5700 SW 188 AVENUE

83

84 City  
 Fort Lauderdale FL

85 Zip Code  
 33332

11. Pursuant to the provisions of Sections 807.0602 and 807.1808, 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 807.0608, Florida Statutes.

SIGNATURE: *Robert Hall* (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	HALLARAN, KEVIN 6085 N.W. 6TH WAY SUITE 210 FT. LAUDERDALE FL 3	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME ROBERT HALLARAN	
STREET ADDRESS		1.3 STREET ADDRESS 5700 SW 188 AVENUE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33332	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

8000022418000000  
 -07/18/97--01067--018  
 \*\*\*330.00 \*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 do so; and that this report is required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Hall* SIGNATURE REQUIRED: *Robert Hallaran*  
 President Robert Hallaran July 16, 1997  
 TOTAL P.01