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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
33332

27. City & State
30 Fort LAUDERDALE FL

28. Zip
33332

29. Country
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 807.0502 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 807.0508, Florida Statutes.

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

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	

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***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

President Robert Hallaran July 16, 1997

TOTAL P.01