

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S09284** (8)

1. Corporation Name

KELLY MCGILLIS, INC.



Principal Place of Business

**2699 S. BAYSHORE DR.
SUITE 400
MIAMI FL 33133**

Mailing Address

**2699 S. BAYSHORE DR.
SUITE 400
MIAMI FL 33133**

3. Date Incorporated or Qualified
10/29/1990

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

4. FEI Number
13-3208317

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAUFMAN, ROSSIN & CO.
2699 S. BAYSHORE DR.
SUITE 400
MIAMI FL 33133**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature types or printed name of registered agent and filer if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
**P
MCGILLIS, KELLY A.
2669 S. BAYSHORE DR 400
MIAMI FL**

2. NAME
13. STREET ADDRESS

TITLE
**S
KAUFMAN, JAMES R.
2669 S. BAYSHORE DR 400
MIAMI FL**

3. TITLE
22. NAME

TITLE
☐ DELETE

4. TITLE
33. STREET ADDRESS

TITLE
☐ DELETE

5. TITLE
44. CITY - ST - ZIP

TITLE
☐ DELETE

6. TITLE
55. CITY - ST - ZIP

TITLE
☐ DELETE

7. TITLE
66. CITY - ST - ZIP

8. TITLE
77. CITY - ST - ZIP

9. TITLE
88. CITY - ST - ZIP

10. TITLE
99. CITY - ST - ZIP

11. TITLE
100. CITY - ST - ZIP

12. TITLE
101. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

858-5600

Date

Daytime Phone #

CR2E034 (12/95)