FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

Principal Place of Business

51966984

Kelly Martins, Inc.

Mailing Address

600 Harbor Blvd.

600 Harbor Blvd.

FILED 97 MAY 12 PM 1: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	#1020	17.070	#1020	- 377 /	270	o-7		la. 5.		
	Weehawken, N	IJ 07087	Weehawker	י טא גם	0701	>7	3. Date Incorporated or Qualified 11/4/91		of Last Report /16/96	
			2a. Mailing Addres	2a. Mailing Address			4. FEI Number 58–1966984	Applied For Not Applicable		
22	Suite, Apt. #. etc.	Suite, Apt. #, el	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required		
23	Oty & State		City & State				Etection Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Z-p	Country 25	Zıp 29	¬ '			This corporation has liability for in Florida Statutes	ntangible ta Yes		
9. Name and Address of Current Registered Agent Corporation Information Services, Inc.						10. Name and Address of New Registered Agent				
					81	Name	Name			
	1201 Hayes Street					Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
Tallahassee, FL 32301					83	83				
					84	City FL 85 Zip Code				
11	 office or registered a 	gent, or both, in the Stat	02 and 607.1508. Florida e of Florida. Such change gations of, Section 607.05	was authoriz	ed by	the corporation	oration submits this statement for the pl on's board of directors. I hereby accep	urpose of cl t the appoir	nanging its registered atment as registered	

SIGNATURE Sometime, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE THE Ferguson, Conceicao 1.2 NAME NAME 600 Harbor Blvd., #1020 1.3 STREET ADDRESS SPEEL MORESS 1.4 CITY-ST-ZIP Weehawken, NJ 07087 CHY St 76 600002174**61%-**----DELETE 2.1 TITLE 100.0 D -05/12/97--01058--002 22 NAME NAM: Ferguson, Robert D. 23 STREET ADDRESS ****173.75 ****173.75 STREET ADDRESS 600 Harbor Blvd., #1020 2 4 CITY-ST-ZIP City \$1.7d Weehawkee, NJ 07087 DELETE 31 TITLE Change Addition THE 3.2 NAME NAME 3.3 STREET ADDRESS SHELL ALDRESS 3.4 CITY-ST-ZIP [3] Y-SI DELETE Change Addition HO F 4.1 TITLE 4. 2 NAME NONE 4.3 STREET ADDRESS STREET ADEC 4.4 CITY-ST-ZIP OIY 51 Change DELFTE Addition î || (÷ **5.1 TITLE** 5.2 NAME NAM: 5.3 STREET ADDRESS STREET MINNESS 5.4 CITY-ST-ZIP DELETE Addition 61 TITLE THE. 1.4-4 62 NAME 6.3 STREET ADDRESS STREET A CRESS 64 CITY-ST-ZIP

14. Like his reby 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 enclosed on this annual report or supplemental minual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are all off per or greefor of this 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

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Robert D. Ferguson

212-805-9700 4/28/97

Daytime Phone #

96/6) CR2E034