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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V34398** **(0)**

1. Corporation Name
SULLIVAN, KELLY & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
800 W. SIXTH ST. 18TH FLOOR LOS ANGELES CA 90017 US	800 W. SIXTH STREET 18TH FLOOR LOS ANGELES CA 90017-2704 US

3. Date Incorporated or Qualified: 05/07/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 135 N. Los Robles
Suite, Apt. #, etc.
22 275
City & State
23 Pasadena, CA
Zip 24 91101 Country 25 USA

2a. Mailing Address
26 135 N. Los Robles
Suite, Apt. #, etc.
27 275
City & State
28 Pasadena, CA
Zip 29 91101 Country 30 USA

4. FEI Number: 94-3158953 ☐ 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
PRESCOTT, R DAVID
C/O KATZ, KUTTER, HAIGLER, ETAL
106 E COLLEGE AVE SUITE 1200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	KELLY, JAMES E. J		1.2 NAME	James E. Kelly, Jr.	
STREET ADDRESS	800 W. SITH ST., 18TH FLOOR		1.3 STREET ADDRESS	135 N. Los Robles	
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	Pasadena, CA 91101	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	ASCOLESI, JERRY A.		2.2 NAME	Carlota E. Redondo	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR		2.3 STREET ADDRESS	7900 Glades Rd., St. 650	
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAYAHARA, E STEVEN		3.2 NAME		
STREET ADDRESS	135 N LOS ROBLES, STE 700		3.3 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA		3.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	4.1 TITLE	AVP/S	☒ Change ☐ Addition
NAME	BIGELOW, JOHN R.		4.2 NAME	Stacy R. Mc Cullough	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR		4.3 STREET ADDRESS	135 N. Los Robles,	
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP	Pasadena, CA 91101	
TITLE	VT	☒ DELETE	5.1 TITLE	D/CFO/V	☒ Change ☐ Addition
NAME	SAIKI, MICHAEL Y.		5.2 NAME	Michael Y. Saiki	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR		5.3 STREET ADDRESS	135 N. Los Robles	
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-ST-ZIP	Pasadena, CA 91101	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby 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 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 on an attachment with an address.

SIGNATURE: Stacy R. Mc Cullough Stacy McCullough 2/24/97 (813) 432-6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #