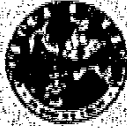


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

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
US**

3. Date Incorporated or Qualified **05/07/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 94-3158953	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRESCOTT, R DAVID C/O KATZ, KUTTER, HAGLER, ETAL 106 E COLLEGE AVE SUITE 1200 TALLAHASSEE FL 32301		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JAMES E. J	1.2 NAME	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR	1.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCOLESI, JERRY A.	2.2 NAME	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR	2.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	2.4 CITY- ST- ZIP	
TITLE	DSV	3.1 TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGGLES, MARK J.	3.2 NAME	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR	3.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	3.4 CITY- ST- ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGELOW, JOHN R.	4.2 NAME	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR	4.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	4.4 CITY- ST- ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIKI, MICHAEL Y.	5.2 NAME	
STREET ADDRESS	800 W. SIXTH ST., 18TH FLOOR	5.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 110.07(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 on my attachment with an addendum.

SIGNATURE: _____ DATE: **4/25/95** (213) 626-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN R. BIGELOW** (Date: _____)