

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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
**800 W. SIXTH ST.
18TH FLOOR
LOS ANGELES CA 90017
US**

Mailing Address
**800 W. SIXTH STREET
18TH FLOOR
LOS ANGELES CA 90017
US**

3. Date Incorporated or Qualified
05/07/1992

3a. Date of Last Report
05/01/1995

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

2. Principal Place of Business

21 **135 N. Los Robles**
Suite, Apt. #, etc.

22 **700**
City & State

23 **Pasadena, CA**
Zip

24 **91101**

Country
25 **USA**

2a. Mailing Address

26 **135 N. Los Robles**
Suite, Apt. #, etc.

27 **700**
City & State

28 **Pasadena, CA**
Zip

29 **91101**

Country
30 **USA**

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

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" 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	135 N. Los Robles, Suite 700
CITY - ST - ZIP	LOS ANGELES CA	1.4 CITY - ST - ZIP	Pasadena, CA 91101
TITLE	V	2.1 TITLE	<input checked="" 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	135 N. Los Robles, Suite 700
CITY - ST - ZIP	LOS ANGELES CA	2.4 CITY - ST - ZIP	Pasadena, CA 91101
TITLE	VD	3.1 TITLE	<input 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 checked="" 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	135 N. Los Robles, Suite 700
CITY - ST - ZIP	LOS ANGELES CA	4.4 CITY - ST - ZIP	Pasadena, CA 91101
TITLE	VT	5.1 TITLE	<input checked="" 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	135 N. Los Robles, Suite 700
CITY - ST - ZIP	LOS ANGELES CA	5.4 CITY - ST - ZIP	Pasadena, CA 91101
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VT
STREET ADDRESS		6.3 STREET ADDRESS	Steven E. Kayahara
CITY - ST - ZIP		6.4 CITY - ST - ZIP	135 N. Los Robles, Suite 700 Pasadena, CA 91101

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 on an attachment with an address.

SIGNATURE: *John R. Bigelow* 4/15/96 (818) 432-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)