

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

FILED

**Feb 06 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # J27952 (7)

1. Corporation Name
STEVEN R. KELLER AND ASSOCIATES, INC.



| | |
|--|---|
| Principal Place of Business 4000 ALGONQUIN AVENUE- DELTONA FL 32728 22 FOXFORDS CHASE ORMOND BEACH, FL 32174 | Mailing Address 4000 ALGONQUIN AVENUE DELTONA FL 32728 22 FOXFORDS CHASE ORMOND BEACH, FL 32174 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 22 FOXFORDS CHASE | 2a. Mailing Address 26 22 FOXFORDS CHASE |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State ORMOND BEACH FL | 28 City & State ORMOND BEACH FL |
| 24 Zip 32174 | 25 Country USA |
| 29 Zip 32174 | 30 Country USA |

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/08/1986 | |
| 4. FEI Number 59-2748644 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

8. Name and Address of Current Registered Agent

**KELLER, STEVEN R.
4000 ALGONQUIN AVENUE
DELTONA FL 32728**

New address only

10. Name and Address of New Registered Agent

81 Name
KELLER, STEVEN R.

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

83

84 City
ORMOND BEACH FL

85 Zip Code
32174

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]* **STEVEN R. KELLER** DATE **1/29/98**

Signature, name or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|---|--------------------------|
| TITLE DP | KELLER, STEVEN R. 4000 ALGONQUIN AVENUE DELTONA FL | <input type="checkbox"/> |
| TITLE D | KELLER, KATHY J. 4000 ALGONQUIN AVENUE DELTONA FL | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 22 FOXFORDS CHASE | | |
| 1.4 CITY - ST - ZIP | ORMOND BEACH, FL 32174 | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 22 FOXFORDS CHASE | | |
| 2.4 CITY - ST - ZIP | ORMOND BEACH FL 32174 | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |

14. I 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.

[Handwritten signatures and numbers]

CR2E034 (10/97)