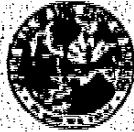


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000038080 (5)

1. Corporation Name

KELLER FINANCIAL SERVICES - SERIES XXII, INC.

FILED
 95 JUL 19 AM 10:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

19329 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 34624-3170

Mailing Address

19329 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 34624-3170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/20/1994
 3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-3244665

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

KELLER, BRIAN R
 24771 U.S. HWY 19 NORTH, SUITE 710
 CLEARWATER FL 34623-3930

10. Name and Address of New Registered Agent

81 Name

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

19329 U.S. HWY. 19 NORTH

83

84 City

CLEARWATER

FL

85 Zip Code

34624

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
 NAME KELLER, BRIAN R
 STREET ADDRESS 24771 U.S. HWY 19 NORTH, SUITE 710
 CITY-ST-ZIP CLEARWATER FL 34623-3930

TITLE D
 NAME WATKIN, R. LAMAR
 STREET ADDRESS 24771 U.S. HWY 19 NORTH, SUITE 710
 CITY-ST-ZIP CLEARWATER FL 34623-3930

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 19329 U.S. HWY. 19 NORTH
 1.4 CITY-ST-ZIP CLEARWATER, FL 34624-3170

2.1 TITLE Change Addition
 2.2 NAME WATKINS, R. LAMAR
 2.3 STREET ADDRESS 19329 U.S. HWY. 19 NORTH
 2.4 CITY-ST-ZIP CLEARWATER, FL 34624-3170

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 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 if an appointment with an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN R. KELLER, PRES.

DATE

Telephone Number

813-524-1400

CR2E034 (3/95)