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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 # P94000038080 (5)

1. Corporation Name  
KELLER FINANCIAL SERVICES - SERIES XXII, INC.



Principal Place of Business: 18167 US HWY 19 SUITE 450 CLEARWATER FL 34624 US  
Mailing Address: PO BOX 15007 CLEARWATER FL 34628-5007 US

3. Date Incorporated or Qualified: 05/20/1994  
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 18167 US Hwy 19 North	26 18167 US Hwy 19 North	59-3244665	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 450	27 Suite 450	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
23 Clearwater, FL	28 Clearwater, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	<input type="checkbox"/>	
24 34624-6572	29 34624-6572	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25 Pinellas	30 Pinellas		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KELLER, BRIAN R 18167 US HWY 19 CLEARWATER FL 34624	81 Name Keller, Brian R.
	82 Street Address (P.O. Box Number is Not Acceptable) 18167 US Highway 19 North
	83 Suite 450
	84 City Clearwater
	85 Zip Code FL 34624-6572

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: Brian R. Keller DATE: January 9, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	C/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BRIAN R	1.2 NAME	Keller, Brian R.
STREET ADDRESS	18167 US HWY 19	1.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY - ST - ZIP	CLEARWATER FL 34624	1.4 CITY - ST - ZIP	Clearwater, FL 34624-6572
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKIN, R. LAMAR	2.2 NAME	
STREET ADDRESS	18167 US HWY 19	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, TIM	3.2 NAME	Gillis, Timothy G.
STREET ADDRESS	18167 US HWY 19	3.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY - ST - ZIP	CLEARWATER FL 34624	3.4 CITY - ST - ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Stiff, Gregory M.
STREET ADDRESS		4.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hallstrom, John D.
STREET ADDRESS		5.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Nixon, Michael
STREET ADDRESS		6.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Clearwater, FL 34624-6572

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: Brian R. Keller DATE: January 9, 1997 DAYTIME PHONE: 813/524-1400

CR2E034 (9/96)