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**Mar 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000025081 (6)

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



Principal Place of Business: **18167 U.S. HIGHWAY 19 NORTH, SUITE 450 CLEARWATER FL 34624**
Mailing Address: **18167 U.S. HIGHWAY 19 NORTH, SUITE 450 CLEARWATER FL 34624-6572**

3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report
4. FEI Number 59-3244665	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KELLER, BRIAN R
18167 U.S. HIGHWAY 19 NORTH, SUITE 450
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME KELLER, BRIAN R	
STREET ADDRESS 18167 U.S. HIGHWAY 19 NORTH, SUITE 450	
CITY - ST - ZIP CLEARWATER FL 34624	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE C/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Keller, Brian R.	
1.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
1.4 CITY - ST - ZIP Clearwater, FL 34624-6572	
2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Nixon, Michael	
2.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
2.4 CITY - ST - ZIP Clearwater FL 34624-6572	
3.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Gillis, Timothy G.	
3.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
3.4 CITY - ST - ZIP Clearwater, FL 34624-6572	
4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Stiff, Gregory M.	
4.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
4.4 CITY - ST - ZIP Clearwater, FL 34624-6572	
5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Hallstrom, John D.	
5.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
5.4 CITY - ST - ZIP Clearwater, FL 34624-6572	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** January 9, 1997 813/524-1400
DATE DAYTIME PHONE #

CR2E034 (9/96)