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FILED
Mar 18 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 # L83301

(6)

1. Corporation Name
KEIL CORP.

Principal Place of Business
12189 US HWY ONE
NORTH PALM BEACH FL 33408
US

Mailing Address
12189 US HWY 1
NORTH PALM BEACH FL 33408-2641
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
06/25/1990

3a. Date of Last Report
03/18/1996

4. FEI Number
65-0203377

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, ROBERT S.
1655 PALM BEACH LAKES BLVD
SUITE 502
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KRESS, DAVID IRVIN
STREET ADDRESS 11211 US HIGHWAY #1
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

TITLE VPD
NAME SAVAGE, EVELYN
STREET ADDRESS 11211 US HIGHWAY #1
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

TITLE SD
NAME SAVAGE, LEON
STREET ADDRESS 11211 US HIGHWAY #1
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

TITLE TD
NAME KRESS, KAYE
STREET ADDRESS 11211 US HIGHWAY #1
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Kress, David Irvin
1.3 STREET ADDRESS 12189 US Highway #1
1.4 CITY-ST-ZIP North Palm Beach, FL

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Savage, Evelyn
2.3 STREET ADDRESS 12189 US Highway #1
2.4 CITY-ST-ZIP North Palm Beach, FL

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Savage, Leon
3.3 STREET ADDRESS 12189 US Highway #1
3.4 CITY-ST-ZIP North Palm Beach, FL

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME Kress, Kaye
4.3 STREET ADDRESS 12189 US Highway #1
4.4 CITY-ST-ZIP North Palm Beach, FL

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 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:

Leon Savage

LEON SAVAGE

15 MAR 97

561-626 2000

CR2E034 (9/96)