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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J27952

1. Corporation Name

Principal Place of Business

STEVEN R. KELLER AND ASSOCIATES, INC.

22 FOXFORDS ORMOND BCH US	FL 32174	22 FOXFORDS ORMOND BCH US	FL 32174.				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/08/1986
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21		26					59-2748644 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	te	City & Sta	te				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes ☐ No
	9. Name and Address of Curren	t Registered Agen	t				10. Name and Address of New Registered Agent
		 			81	Name	
KELLER, STEVEN R. 22 FOXFORDS CHASE ORMOND BCH FL 32174				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
				83			
					84	City	FL 85 Zip Code
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such cha tions of, Section 60	ange was ai 7.0505, Floi	ithorized ida Stat	by tutes.	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered divided when reinstating)
40	Signature, typed or printed name of registered ager	ID DIRECTORS	(NOTE:	13.	Agent	signature requirer	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			DELETE	1.1 11	ne		Abbitions/changes to difficers and birectors in 12
TITLE	DP		DELETE				
NAME	KELLER, STEVEN R.			1.2 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174		DELETE.	_	TY-\$T	-ZIP	Change Addition
TITLE	D	П	DELETE .	2.1 TI			☐ Change ☐ Addition
NAME	KELLER, KATHY J.			2.2 N			•
STREET ADDRESS				235	PEFT	ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174			2.00			
TITLE	UNMUNU BUT FL 321/4	***		2.40	ITY-SI	T- ZIP	
	CHMUND BOH FL 321/4		DELETÉ		ITY-SI	T- ZIP	☐ Change ☐ Addition
NAME	CHMOND BON FL 321/4		DELETE	2.40	ny-si Tle	T- ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS		,	DELETE	2. 4 C 3.1 TH 3.2 N	ITY-SI TLE AME	T-ZIP ADDRESS	☐ Change ☐ Addition
			DELETE	2. 4 C 3.1 TH 3.2 No 3.3 S	ITY-SI TLE AME	ADDRESS	
STREET ADDRESS			DELETE DELETE	2. 4 C 3.1 TH 3.2 No 3.3 S	ITY-ST TLE AME TREET ITY-ST	ADDRESS	Change Addition
STREET ADDRESS CITY-ST-ZIP			•,	2. 4 C	ITY-ST TLE AME TREET ITY-ST TLE	ADDRESS	

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 officer or director of the corporation Block 12 or Block 13 if changed,

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90032 037 ***150.00

☐ Change

☐ Change

☐ Addition

☐ Addition