FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # 165994 (5)

1. Corporation Name
KELLER INDUSTRIES, INC.

Principal Place of Business	Mailing Address
18000 STATE RD 9 MIAMI FL 33162	18000 STATE RD 9 MIAMI FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1951
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21 3499 NW 53 Street
22 Suite, Apt. #, etc.
23 Fort Lauderdale, Fl
24 Zip 33309 25 Country USA

2a. Mailing Address
26 3499 NW 53 Street
27 Suite, Apt. #, etc. Fort Lauderdale, Fl
28 City & State
29 Zip 33309 30 Country USA

4. FEI Number: 59-0656693 — 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

COHEN, BEVERLY
18000 STATE RD #9
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3499 NW 53 Street
83
84 City Fort Lauderdale FL 85 Zip Code 33309

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☒ Change ☐ Addition
NAME	CLAYTON, L E	1.2 NAME	Delete C Layton
STREET ADDRESS	18000 STATE RD 9	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	HERDRICH, DONALD	2.2 NAME	D Herdrich, Donald
STREET ADDRESS	18000 STATE RD. 9	2.3 STREET ADDRESS	3499 nw 53 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Fort Lauderdale, Fl 33309
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	REILLY, PHILLIP	3.2 NAME	D O'Reilly, Phillip
STREET ADDRESS	1800 STATE RD 9	3.3 STREET ADDRESS	3499 nw 53 street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Fort Lauderdale, Fl 33309
TITLE	ST	4.1 TITLE	☒ Change ☐ Addition
NAME	FRED, ALLEN	4.2 NAME	ST Allen, Fred
STREET ADDRESS	18000 STATE RD. 9	4.3 STREET ADDRESS	3499 nw 53 street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Fort Lauderdale, Fl 33309
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	D,P Doss, wayne
STREET ADDRESS		5.3 STREET ADDRESS	3499 nw 53 street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Lauderdale, Fl 33309
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Fred D. Allen Fred Allen 1-30-95 (305) 777-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174600 CP