

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

FILED
Mar 13 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 # 493769

(4)

1. Corporation Name
KEGEL & STILLI, INC.



Principal Place of Business
1461 COMMERCE CENTRE PKWY
PORT ST. LUCIE FL 34986

Mailing Address
1461 COMMERCE CENTRE PKWY
PORT ST. LUCIE FL 34986

3. Date Incorporated or Qualified 12/31/1975	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1674493	Applied For 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KEGEL, THOMAS E 1800 BELGRAVE TERR STUART FL 34997		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	KEGEL, THOMAS E.	1.1 TITLE		Change	Addition
STREET ADDRESS	1800 SW BELGRAVE TERR	1.2 NAME		1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP		2.1 TITLE		Change	Addition
TITLE	VSD	NAME	KEGEL, MARY A.	2.2 NAME			
STREET ADDRESS	2654 SW WESTLAKE CIR	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	PALM CITY FL	3.1 TITLE		3.2 NAME	HENNESSY, EILEEN	Change	Addition
TITLE	T	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP			
NAME	BAKER, EILEEN	4.1 TITLE		4.2 NAME		Change	Addition
STREET ADDRESS	749 BELMONT CIRCLE	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP			
CITY-ST-ZIP	PT ST LUCIE FL	5.1 TITLE		5.2 NAME		Change	Addition
TITLE	D	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
NAME	STILLI, DAVID	6.1 TITLE		6.2 NAME		Change	Addition
STREET ADDRESS	4948 BIMINI RD	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			
CITY-ST-ZIP	JUPITER FL						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
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 as changed, or on an attachment with an address.

SIGNATURE: *Eileen Hennessy* 3/7/97 561-464-0496

CR2E034 (9/96)