FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J24818** **(3)**

1. Corporation Name

KEYSTONE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
4703 S MILITARY TRAIL LAKE WORTH FL 33463 US	4655 S. MILITARY TRAIL LAKE WORTH FL 33463

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

3. Date Incorporated or Qualified: **07/17/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0021734**

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 is subject for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELLMAN, NICHOLAS P.
4655 S. MILITARY TRAIL
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

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 Section 617.0501, 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 617.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WELLMAN, NICHOLAS P.		12 NAME	
STREET ADDRESS	4655 S. MILITARY TRAIL		13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		14 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WELLMAN, NICHOLAS P II		22 NAME	
STREET ADDRESS	206-F3 FOXTAIL DR.		23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL		24 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WELLMAN, PETER N		32 NAME	
STREET ADDRESS	1562 WILTSHIRE VILLAGE DR.		33 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WELLMAN, NATHAN N.		42 NAME	
STREET ADDRESS	4655 S. MILITARY TR.		43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		44 CITY-ST-ZIP	
TITLE	AS SP	☑ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	WELLMAN, JUANE		52 NAME	
STREET ADDRESS	4655 S MILITARY TR		53 STREET ADDRESS	
CITY-ST-ZIP	LAKEWORTH FL		54 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	WELLMAN, JOAN E		62 NAME	
STREET ADDRESS	4655 S. Military Tr.		63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added by this document with an address.

SIGNATURE: _____ 3/21/96 (407)641-3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)