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Mar 04 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 # J24818 (3)

1. Corporation Name:
KEYSTONE FINANCIAL SERVICES, INC.

Principal Place of Business
4703 S MILITARY TRAIL
LAKE WORTH FL 33463
US

Mailing Address
4655 S. MILITARY TRAIL
LAKE WORTH FL 33463-5306



3. Date Incorporated or Qualified 07/17/1986
3a. Date of Last Report 04/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0021734
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSV	<input type="checkbox"/> DELETE
NAME	WELLMAN, NICHOLAS P.	
STREET ADDRESS	4655 S. MILITARY TRAIL	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WELLMAN, NICHOLAS P II	
STREET ADDRESS	206F3 FOXTAIL DR.	
CITY - ST - ZIP	WEST PALM BCH. FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WELLMAN, PETER N	
STREET ADDRESS	1562 WILTSHIRE VILLAGE DR.	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WELLMAN, NATHAN N.	
STREET ADDRESS	4655 S. MILITARY TR.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WELLMAN, JOAN E.	
STREET ADDRESS	4655 S MILITARY TR	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wellman, Nicholas P. II
2.3 STREET ADDRESS	5858 LaGorce Circle
2.4 CITY - ST - ZIP	Lake Worth, Florida 33463
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wellman, Nathan N.
4.3 STREET ADDRESS	206F-3 Foxtail Dr.
4.4 CITY - ST - ZIP	West Palm Beach, Fl. 33415
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicholas P. Wellman* Nicholas P. Wellman, V.P. (2/28/97) 561/642-3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)