

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

FILED  
Mar 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 4655 S. MILITARY TRAIL  
LAKE WORTH FL 33463 LAKE WORTH FL 33463  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/17/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0021734	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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

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	5858 LAGORCE CIR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WELLMAN, PETER N	
STREET ADDRESS	1562 WILTSHIRE VILLAGE DR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WELLMAN, NATHAN N.	
STREET ADDRESS	206F-3 FOXTAIL DR	
CITY-ST-ZIP	W PALM BEACH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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.

Secretary

SIGNATURE *Nicholas P. Wellman* *Nicholas P. Wellman* *7/11/98 (531) 9652759*

CR2E034 (10/97)