


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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90045 047 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J24818 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		
2. Principal Place of Business 21 5714 MURFIELD VILLAGE CIRCLE		2a. Mailing Address 26 5714 MURFIELD VILLAGE CIRCLE		3. Date Incorporated or Qualified 07/17/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0021734 Applied For <input type="checkbox"/> Not Applicable	
City & State 23 LAKE WORTH FL.		City & State 28 LAKE WORTH FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33463		Zip 29 33463		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 PALM BEACH		Country 30 PALM BEACH		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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) 5714 MURFIELD VILLAGE CIRCLE		
			83		
			84 City LAKE WORTH FL 85 Zip Code 33463		
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 <u>Nicholas P. Wellman</u> <u>NICHOLAS P. WELLMAN</u> <u>MARCH 16, 1999</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 checked="" type="checkbox"/> DELETE			
NAME	WELLMAN, NICHOLAS P II				
STREET ADDRESS	5858 LAGORCE CIR				
CITY-ST-ZIP	LAKE WORTH FL				
TITLE	DT	<input checked="" type="checkbox"/> DELETE			
NAME	WELLMAN, PETER N				
STREET ADDRESS	1562 WILTSHIRE VILLAGE DR.				
CITY-ST-ZIP	WELLINGTON FL				
TITLE	DV	<input checked="" 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	DPS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS	5714 MURFIELD VILLAGE CIRCLE				
1.4 CITY-ST-ZIP	LAKE WORTH FL 33463				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS	5714 MURFIELD VILLAGE CIRCLE				
5.4 CITY-ST-ZIP	LAKE WORTH FL 33463				
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, with all other like empowered.

SIGNATURE: Nicholas P. Wellman NICHOLAS P. WELLMAN (P.D.) 3/16/99 561 965-2759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)