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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

会の事故に素質に対象が、までいくのは動きなどを変すがあれない。 これがれた いっとがれた のでは できない かっという

4

DOCUMENT # J27952

(7)

STEVEN R. KELLER AND ASSOCIATES, INC.

	¥	·		, i filiki dad dala dala bada kara dula kabada bada	######################################
Principal Plac	e of Business	Mailing Address			##### ##### ##########################
4000-ALGONGUIN-AVENUE-		1939 ALGONQUIN AVENUE			
OFLEONA-FI-00505 DELECNAL		DELTONA FL 22226		_	
	forfords chase	22 FOX FC	ords chasi	DO NOT WRITE IN TH	IS SPACE
ORW	ond beach, FC32	ORMOND!	BEACH, FL	3. Date incorporated or Qualified	
			32174	08/08/1986	
	Place of Business	2a. Mailing Address	مرام م	4. FEI Number	Applied For
21 7.2 Suite, Apt.	FOXFORDS Chase	26 ZZ FOXFOR	DS Chase	. 59-2748644	Not Applicable
22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		A Florida Consider Fire	
	nond beach FL	28 ORMOND Be	ACH FZ	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 11 CA	Zip	Country		
24 321	74 25 1	29 32174 3	US/	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current		1 1 1	10. Name and Address of New Registers	ed Agent
KELLER, STEVEN R. B1 Name				Shara B	
-1939 ALGONOUIN AVENUE-				ELLER, Steven R,	
-06	LTONA FL 22728	Jew address only		Idress (P.O. Box Number is Not Acceptable)	
		oncy	83		
			04 00		
			84 City	RMOND BEACH F	
					of shanoing 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	9601/16		2. KELLED	المحال	99
OIGHATORE.	Stonature, prod or minted number of registered agent		logistered Agent signature rec	quired when reinstating) DAT	1.0
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	OP	☐ DELETE	1.1 TITLE		Change
NAME	KELLER, STEVEN R.		1.2 NAME	· · · · · · · · · · · · · · · · · · ·	·
STREET ADDRESS	1939 ALGONGUIN AVENUE			22 FOXFORDS CHASE	
CITY-ST-ZIP	<b>DELTONA</b> FL-			DRMOND BEACH, FC 3	2174
TITLE	D Maria Marine	☐ DELET <b>e</b>	2.1 NTLE	·	Change Addition
NAME	KELLER, KATHY J.		2.2 NAME		
STREET ADDRESS	4939-ALGONOUIN-AVENUE		2.3 STREET ADDRESS	22 FOXFORDS CHAS	e
CITY-ST-ZIP	DELTONA FL		2.4 CITY - ST - ZIP	ORMOND BEACH FI	32174
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Devete	3.4. CITY - ST - ZIP		
TITLE		☐ DEFE1E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	DELETE	4.4 CITY - S1 - ZIP		D
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	4		5.2 NAME		
STREET ADDRESS	:		5.3 STREET ADDRESS		
CITY-ST-ZIP		Dritte	5 4 CiTY-ST-ZIP		
TITLE		DELETE	61 117LE		☐ Change ☐ Addition
NAME	-		6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 13 if charges, or on an attachment with an address.

6.4 CITY - ST - ZIP