

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 # **L43768** (5)

1. Corporation Name

MODEL-KEEPER'S, INC.



Principal Place of Business

**2525 OLD OKEECHOBEE RD
S3
WEST PALM BEACH FL 33409
US**

Mailing Address

**2525 OLD OKEECHOBEE ROAD
SUITE #3
WPP FL 33409
US**

3. Date Incorporated or Qualified 01/16/1990	3a. Date of Last Report 04/19/1995
4. FEI Number 65-0209299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1700 Embassy Dr	26. Mailing Address 1700 Embassy Dr
22. Suite, Apt. #, etc. TDI	27. Suite, Apt. #, etc. 101
23. City & State W. Palm Bch FL	28. City & State W. Palm Beach, FL
24. Zip 33401	29. Zip 33401
25. Country US	30. Country US

9. Name and Address of Current Registered Agent

**KELLY, AMY S
1700 EMBASSY DRIVE #101
WEST PALM BEACH FL 33401**

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 provisions of, Section 607.1403, Florida Statutes.

SIGNATURE

Amy S. Kelly

(NOTE: Registered Agent signature required when reinstating)

2/20/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, AMY S	1.2 NAME	
STREET ADDRESS	2525 OLD OKEECHOBEE ROAD, SUITE #3	1.3 STREET ADDRESS	1700 EMBASSY DRIVE #101
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	WPA FLA 33401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	PDST
STREET ADDRESS		3.3 STREET ADDRESS	AMY S. KELLY
CITY - ST - ZIP		3.4 CITY - ST - ZIP	1700 Embassy Drive #101
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	W. Palm Beach, FL.
STREET ADDRESS		4.3 STREET ADDRESS	33401
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attached list with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy S. Kelly

Date

2/20/96

Daytime Phone #

407-478-3022

CR2E034 (12/95)