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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L83301 (6)

1. Corporation Name
KEIL CORP.



Principal Place of Business 12189 US HWY ONE NORTH PALM BEACH FL 33408 US	Mailing Address 12189 US HWY 1 NORTH PALM BEACH FL 33408-2641 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 03/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0203377	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**LEVY, ROBERT S.
 1655 PALM BEACH LAKES BLVD
 SUITE 502
 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 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRESS, DAVID IRVIN	
STREET ADDRESS	11211 US HIGHWAY #1	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SAVAGE, EVELYN	
STREET ADDRESS	11211 US HIGHWAY #1	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAVAGE, LEON	
STREET ADDRESS	11211 US HIGHWAY #1	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRESS, KAYE	
STREET ADDRESS	11211 US HIGHWAY #1	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kress, David Irvin	
1.3 STREET ADDRESS	12189 US Highway #1	
1.4 CITY-ST-ZIP	North Palm Beach, FL	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Savage, Evelyn	
2.3 STREET ADDRESS	12189 US Highway #1	
2.4 CITY-ST-ZIP	North Palm Beach, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Savage, Leon	
3.3 STREET ADDRESS	12189 US Highway #1	
3.4 CITY-ST-ZIP	North Palm Beach, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kress, Kaye	
4.3 STREET ADDRESS	12189 US Highway #1	
4.4 CITY-ST-ZIP	North Palm Beach, FL	
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: *Leon Savage* LEON SAVAGE 15 MAR 97 561-626 2000

CP2E034 (9/96)