

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003554 (2)

1. Corporation Name
THE FRED AND ROSE KELLER FOUNDATION, INC.



Principal Place of Business 4365 OKEECHOBEE BLVD SUITE B-10 WEST PALM BEACH FL 33409	Mailing Address 4365 OKEECHOBEE BLVD SUITE B-10 WEST PALM BEACH FL 33409
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3. Date Incorporated or Qualified 07/19/1994	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 65-0510942	Not Applicable

2. Principal Place of Business 21 6758 N. Military Trail Suite, Apt. #, etc. 22 Suite 301 City & State 23 West Palm Beach, FL Zip 24 33407 Country 25 USA	2a. Mailing Address 26 6758 N. Military Trail Suite, Apt. #, etc. 27 Suite 301 City & State 28 West Palm Beach, FL Zip 29 33407 Country 30 USA
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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

KELLER, FRED
4365 OKEECHOBEE BLVD
SUITE B-10
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name Keller, Fred
82 Street Address (P.O. Box Number is Not Acceptable) 6758 N. Military Trail
83 Suite 301
84 City West Palm Beach FL 85 Zip Code 33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	KELLER, FRED	
STREET ADDRESS	4365 OKEECHOBEE BLVD, SUITE B-10	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/>
NAME	KELLER, ROSEMARIE	
STREET ADDRESS	4365 OKEECHOBEE BLVD, SUITE B-10	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/>
NAME	KEIL, WOLFGANG	
STREET ADDRESS	4365 OKEECHOBEE BLVD, SUITE B-10	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Keller, Fred		
1.3 STREET ADDRESS	6758 N. Military Trl., Ste 301		
1.4 CITY-ST-ZIP	West Palm Beach, FL 33407		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Keller, Rosemarie		
2.3 STREET ADDRESS	6758 N. Military Trl., Ste. 301		
2.4 CITY-ST-ZIP	West Palm Beach, FL 33407		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Keil, Wolfgang		
3.3 STREET ADDRESS	6758 N. Military Trl., Ste 301		
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** 3/20/98

CR2E037 (10/97)