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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013131 (7)

1. Corporation Name
KELLER FINANCIAL SERVICES OF CLEARWATER, INC.



Principal Place of Business
18167 US HWY 19
SUITE 450
CLEARWATER FL 34624
US

Mailing Address
PO BOX 15007
CLEARWATER FL 34629-5007
US

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business
21 18167 US Hwy 19 North
Suite, Apt. #, etc.
22 Suite 450
City & State
23 Clearwater, FL
Zip
24 34624-6572

2a. Mailing Address
26 18167 US Hwy 19 North
Suite, Apt. #, etc.
27 Suite 450
City & State
28 Clearwater, FL
Zip
29 34624-6572

Country
25 Pinellas
30 Pinellas

4. FEI Number: 59-3155154
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KELLER, BRIAN R
18167 US HWY 19 SUITE 450
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name: Keller, Brian R.
82 Street Address (P.O. Box Number is Not Acceptable): 18167 US Highway 19 North
83 Suite 450
84 City: Clearwater FL 85 Zip Code: 34624-6572

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: Brian R. Keller January 9, 1997
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	C/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BRIAN R.	1.2 NAME	Keller, Brian R.
STREET ADDRESS	18167 US HWY 19 SUITE 450	1.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, R. LAMAR	2.2 NAME	
STREET ADDRESS	19329 US HWY 19 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Nixon, Michael
STREET ADDRESS		3.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gillis, Timothy G.
STREET ADDRESS		4.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Stiff, Gregory M.
STREET ADDRESS		5.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hallstrom, John D.
STREET ADDRESS		6.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, FL 34624-6572

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: Brian R. Keller January 9, 1997 813/524-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)