

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

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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 # P93000077868 (6)

1. Corporation Name
KELLER FINANCIAL SERVICES OF CENTRAL FLORIDA, IN C.



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

Mailing Address
PO BOX 15007
SUITE 710
CLEARWATER FL 34629-5007
US

3. Date Incorporated or Qualified 11/10/1993
3a. Date of Last Report 03/25/1996

2. Principal Place of Business
21 18167 US Hwy 19 North
Suite, Apt #, etc.

2a. Mailing Address
26 18167 US Hwy 19 N.
Suite, Apt #, etc.

4. FEI Number 59-3209462
Applied For Not Applicable

22 Suite 450
City & State

27 Suite 450
City & State

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

23 Clearwater, FL
Zip Country

28 Clearwater, FL
Zip Country

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

24 34624-6572 25 Pinellas

29 34624-6572 30 Pinellas

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLER, BRIAN R.
18167 US HWY 19 SUITE 450
CLEARWATER FL 34624

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, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	KELLER, BRIAN R	
STREET ADDRESS	18167 US HWY 19 SUITE 450	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	C/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Keller, Brian R.	
1.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
1.4 CITY-ST-ZIP	Clearwater, FL 34624-6572	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nixon, Michael	
2.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
2.4 CITY-ST-ZIP	Clearwater, FL 34624-6572	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gillis, Timothy G.	
3.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
3.4 CITY-ST-ZIP	Clearwater, FL 34624-6572	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stiff, Gregory M.	
4.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
4.4 CITY-ST-ZIP	Clearwater, FL 34624-6572	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hallstrom, John D.	
5.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
5.4 CITY-ST-ZIP	Clearwater, FL 34624-6572	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brian R. Keller

January 9, 1997 813/524-1400
Date Daytime Phone #

CR2E034 (9/96)