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

Mailing Address

2a. Mailing Address

CLEARWATER FL 34629-5007

18167 US Hwy 19 N.

PO BOX 15007

SUITE 710

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

03/25/1996

January 9, 1997 813/524-1400

3. Date Incorporated or Qualified

11/10/1993

59-3209462

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

2. Principal Place of Business

21 18167 US Hwy 19 North

18167 US HWY 19

CLEARWATER FL 34624

SUITE 450

CITY- \$1-20F

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

DOCUMENT # P93000077868 (6)

KELLER FINANCIAL SERVICES OF CENTRAL FLORIDA, IN C.

Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 450 22 Suite 450 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Clearwater, FL 23 Clearwater, FL Trust Fund Contribution Added to Fees Country ZiD Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 29 34624-6572 Pinellas Yes 🔲 No 24 34624-6572 25 Pinellas Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Keller, Brian R. KELLER, BRIAN R. 18167 US HWY 19 SUITE 450 Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34624** 18167 US Highway 19 North 83 Suite 450 84 Zip Code 34624-6572 Clearwater, 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 pagent in problematics of, Section 607.0505, Florida Statutes.

NATURE

Brian R. Keller

January 9, 1997 Brian R. Keller January 9, 1997 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. 96/6) PS __ DELETE Change ___ Addition 1.1 TITLE C/S/T/D TITLE KELLER, BRIAN R Keller, Brian R. NAME 1.2 NAME 18167 US HWY 19 SUITE 450 18167 US Highway 19 North, Suite 450 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 1.4 CITY-ST-ZIP Clearwater, FL 34624-6572 CITY-ST-ZIE Change XX Addition DELETE THLE 2.1 TITLE Nixon, Michael 2.2 NAME NAME 18167 US Highway 19 North, Suite 450 2.3 STREET ADDRESS STREET ADDRESS Clearwater, FL 34624-6572 CITY - \$1 - 7/P 2. 4 CITY-ST-ZIP Change XX Addition DELETE 3.1 TITLE THILE 3 2 NAME Gillis, Timothy G. NAMÉ 3.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450 STREET ADDRESS Clearwater, FL 34624-6572 CHY ST-ZIP 3.4. CITY - ST - ZIP Change **Addition** DELETE 4.1 TITLE TITLE 4 2 NAME Stiff, Gregory M. NAME 18167 US Highway 19 North, Suite 450 4.3 STREET ADDRESS STREET ADDRESS Clearwater, FL 34624-6572 CHY-S1-7/P 4.4 CITY - ST - ZIP DELETE Change Addition THE 51 TITLE HAM 52 NAME Hallstrom, John D. 5.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450 STREET ADORESS 54 CITY-ST-ZIP Clearwater, FL 34624-6572 CHTY-S1-20 Change DELETE Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 true receiver or yestee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter of or attachment with an address.

Brian R. Keller