


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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000048947 (3) 1. Corporation Name KELLER FINANCIAL SERVICES OF THE GOLD COAST, INC					
Principal Place of Business 18167 US HWY 19 SUITE 450 CLEARWATER FL 34624-6572 US			Mailing Address 18167 US HWY 19 N STE. 450 CLEARWATER FL 34624-6572 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33764-6572		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33764-6572		3. Date Incorporated or Qualified 06/30/1994 4. FEI Number 59-3267198 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 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 33764		
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 1/6/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP CSTD <input type="checkbox"/> DELETE KELLER, BRIAN R 18167 US HWY 19 NO SUITE 450 CLEARWATER FL VD <input checked="" type="checkbox"/> DELETE NIXON, MICHAEL 18167 US HWY 19 N., STE. 450 CLEARWATER FL VD <input checked="" type="checkbox"/> DELETE GILLIS, TIMOTHY G. 18167 US HWY 19 CLEARWATER FL V <input checked="" type="checkbox"/> DELETE STIFF, GREGORY M. 18167 US HWY 19 N., STE. 450 CLEARWATER FL V <input checked="" type="checkbox"/> DELETE HALLSTROM, JOHN D. 18167 US HWY 19 N., STE. 450 CLEARWATER FL <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP C/P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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, Pres. 1/6/98 813/524-1400					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)