FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000031546 (1)

1. Corporation Name

KEYSTONE-WEST PALM BEACH PROPERTY HOLDING CORP.

Principal Place of Business

1600 ISLAND SHORES DR.
WEST PALM BEACH FL 33413

Mailing Address

1600 ISLAND SHORES DR.
WEST PALM BEACH FL 33413

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/21/1995
3a. Date of Last Report: N/A
4. FEI Number: 65-0576758 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LANE, JOHN C	
STREET ADDRESS	5 N. 5TH ST.	
CITY-ST-ZIP	HARRISBURG PA 17101	
TITLE	D	☐ DELETE
NAME	DALY, CORNELIUS	
STREET ADDRESS	5 N. 5TH ST.	
CITY-ST-ZIP	HARRISBURG PA 17101	
TITLE	D	☐ DELETE
NAME	CLARK, JEROME	
STREET ADDRESS	5 N. 5TH ST.	
CITY-ST-ZIP	HARRISBURG PA 17101	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Hamel, Kevin M.	
1.3 STREET ADDRESS	242 Trumbull Street - IG5H	
1.4 CITY-ST-ZIP	Hartford, CT 06156	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Missal, Barbara A.	
2.3 STREET ADDRESS	242 Trumbull Street - IG5H	
2.4 CITY-ST-ZIP	Hartford, CT 06156	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Migliore, Angela M.	
3.3 STREET ADDRESS	242 Trumbull Street - IG4R	
3.4 CITY-ST-ZIP	Hartford, CT 06156	
4.1 TITLE	S, T	☐ Change ☒ Addition
4.2 NAME	Reddington, Laurie C.	
4.3 STREET ADDRESS	242 Trumbull Street - IG5Q	
4.4 CITY-ST-ZIP	Hartford, CT 06156	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barbara A Missal 2/26/96 (860) 275-2102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA A. MISSAL