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Apr 22 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 # 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 33413-2122



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

02/29/1996

4. FEI Number

65-0576758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing

☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ DELETE

NAME HAMEL, KEVIN M.
STREET ADDRESS 242 TRUMBULL ST-IGSH AR4T
CITY-ST-ZIP HARTFORD CT

TITLE V ☐ DELETE

NAME MISSAL, BARBARA A.
STREET ADDRESS 242 TRUMBULL ST-IGSH
CITY-ST-ZIP HARTFORD CT

TITLE V ☐ DELETE

NAME MIGLIORE, ANGELA M
STREET ADDRESS 242 TRUMBULL ST-IG4R
CITY-ST-ZIP HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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: *Barbara A. Missal* *Barbara A. Missal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Date

(860) 275-2102

Daytime Phone #

CR2E034 (9/96)