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

FILED
Jun 25 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 # **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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/21/1995

4. FEI Number
65-0576758
☐ Applied For
☐ Not Applicable

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 (Type or print name of the registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANE, JOHN C	1.2 NAME	
STREET ADDRESS	5 N. 5TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA 17101	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DALY, CORNELIUS	2.2 NAME	
STREET ADDRESS	5 N. 5TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA 17101	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, JEROME	3.2 NAME	
STREET ADDRESS	5 N. 5TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA 17101	3.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	HAMEL, KEVIN M.	4.2 NAME	
STREET ADDRESS	242 TRUMBULL ST AR4T	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06103-1205	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MISSAL, BARBARA A.	5.2 NAME	
STREET ADDRESS	242 TRUMNULL ST AR4T	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06103-1205	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	MIGLIORE, ANGELA M	6.2 NAME	
STREET ADDRESS	242 TRUMBULL ST AR4T	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06103-1205	6.4 CITY-ST-ZIP	

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 [illegible] 4/1/98 [illegible]

CR2E034 (10/97)