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Secretary of State

06-01-1999 90032 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000031546

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

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 <input type="checkbox"/> DELETE
NAME	LANE, JOHN C
STREET ADDRESS	5 N. 5TH ST.
CITY-ST-ZIP	HARRISBURG PA 17101
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BALY, CORNELIUS
STREET ADDRESS	5 N. 5TH ST.
CITY-ST-ZIP	HARRISBURG PA 17101
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GLARK, JEROME
STREET ADDRESS	5 N. 5TH ST.
CITY-ST-ZIP	HARRISBURG PA 17101
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HAMEL, KEVIN M.
STREET ADDRESS	242 TRUMBULL ST AR4T
CITY-ST-ZIP	HARTFORD CT 06103
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MISSAL, BARBARA A.
STREET ADDRESS	242 TRUMNULL ST AR4T
CITY-ST-ZIP	HARTFORD CT 06103
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MIGLIORE, ANGELA M.
STREET ADDRESS	242 TRUMBULL ST AR4T
CITY-ST-ZIP	HARTFORD CT 06103

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Grossman, James H., Jr.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Spiller, Charles
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	06103-1212
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	242 Trumbull St.
5.4 CITY-ST-ZIP	06103-1212
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	06103-1212

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, with all other like empowered.

SIGNATURE:

Angela M. Migliore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (860) 275-2367
Date Daytime Phone #

CR2E034 (11/98)

0368379