

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000063566 (0)**
1. Corporation Name: **KEELIAN, INC.**



Principal Place of Business: **1713 79TH CT W BRADENTON FL 34209**
Mailing Address: **1713 79TH CT W BRADENTON FL 34209**

3. Date Incorporated or Qualified: **08/16/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0610950** 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

2. Principal Place of Business
21. _____
22. Suite, Apt. #, etc. _____
23. City & State _____
24. Zip _____ 25. Country _____
2a. Mailing Address
26. _____
27. Suite, Apt. #, etc. _____
28. City & State _____
29. Zip _____ 30. Country _____

9. Name and Address of Current Registered Agent
**LANZISERA, LISA
1713 79TH CT W
BRADENTON FL 34209**

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: **Lisa Lanzisera President** **May 24, 1996**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LANZISERA, LISA	
STREET ADDRESS	1713 79TH CT W	
CITY - ST - ZIP	BRADENTON FL 34209	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LESICKO, TERESA	
STREET ADDRESS	2098 APPLE ST	
CITY - ST - ZIP	COLLINSVILLE IL 62234	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, ALLEN	
STREET ADDRESS	6320 5TH AVE NW	
CITY - ST - ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this form 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **Teresa Lesicko, Executive V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5124146 (618)667-2669
Date: _____ Office Phone: _____

CR2E034 (12/95)