

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

FILED

Feb 27 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 # P96000082899 (1)			
1. Corporation Name KELJIM CORPORATION			
Principal Place of Business 2001 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119		Mailing Address 2001 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119-2240	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent PARSONS, WILLIAM A. 2001 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PARSONS, WILLIAM A	1.1 TITLE	
STREET ADDRESS	2001 SOUTH RIDGEWOOD AVENUE	1.2 NAME	
CITY- ST- ZIP	SOUTH DAYTONA FL 32119	1.3 STREET ADDRESS	
TITLE	STD	1.4 CITY- ST- ZIP	
NAME	PARSONS, PATRICIA S	2.1 TITLE	
STREET ADDRESS	2001 SOUTH RIDGEWOOD AVENUE	2.2 NAME	
CITY- ST- ZIP	SOUTH DAYTONA FL 32119	2.3 STREET ADDRESS	
TITLE		2.4 CITY- ST- ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY- ST- ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY- ST- ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY- ST- ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY- ST- ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
TITLE		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: _____ DATE: 1/31/97			



CR2E034 (9/96)