FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S34758** **(0)**

1. Corporation Name
KEILCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2330 SO CONGRESS AVE STE 2A W PALM BCH FL 33406 US	2330 S. CONGRESS AVE STE 2A WEST PALM BCH FL 33406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1991
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 5019 80TH. TERRACE
22 Suite, Apt. #, etc.
23 City & State: LAKE WORTH FL
24 Zip: 33467 Country: USA

2a. Mailing Address
26 5019 80TH. TERRACE
27 Suite, Apt. #, etc.
28 City & State: LAKE WORTH FL.
29 Zip: 33467 30 Country: USA

4. FEI Number: 65-0249245 ☐ 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

9. Name and Address of Current Registered Agent

KEIL, DEAN S
2330 S CONGRESS AVE
SUITE 2 A
WEST PALM BCH FL 33406

10. Name and Address of New Registered Agent

81 Name: KEIL, DEAN S.
82 Street Address (P.O. Box Number is Not Acceptable): 5019 80TH. TERRACE
83
84 City: LAKE WORTH FL 85 Zip Code: 33467

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: Dean Skeil 4/24/95
Signature, typed or printed name of 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	P	11 TITLE		☐ Change ☐ Addition
NAME	KEIL, DEAN	12 NAME		
STREET ADDRESS	2330 CONGRESS AVE., STE A	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH. FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	KEIL, DEAN	22 NAME		
STREET ADDRESS	5019 80TH. TERRACE	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 the 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: Dean Skeil 4/24/95 407-434-0277
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0244049 CP