

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V01883** (0)
1. Corporation Name
KEYSTONE INTERNATIONAL INC.

Principal Place of Business 205 W. MORGAN ST. BRANDON FL 33511 US	Mailing Address BOX 1150 MANGO FL 33550-1150
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1991		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3096581		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Country	29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		25		29		30	
						5.00 May Be Added to Fees	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HILTUNEN, REJO 3202 COLWELL AVE APARTMENT 2303 TAMPA FL 33614				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 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 *Rejo Hiltunen* **REJO HILTUNEN, PRESIDENT** DATE **4/24/97**
Signature by or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILTUNEN, REJO O			1.2 NAME			
STREET ADDRESS	3202 COLWELL AVE, APT 2303			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILTUNEN, KARI T			2.2 NAME			
STREET ADDRESS	TALKOOTIE 17 AS 3-4			2.3 STREET ADDRESS			
CITY-ST-ZIP	01350 VANTAA FINLAND			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEENAARKIOMAA			3.2 NAME			
STREET ADDRESS	TALKOOTIE 17 AS 3-4			3.3 STREET ADDRESS			
CITY-ST-ZIP	01350 VANTAA FINLAND			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Rejo Hiltunen* **REJO HILTUNEN, PRESIDENT** DATE **4/24/97** (813) 930-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)