

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

FILED

Mar 05 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 # V12167 (5)
 1. Corporation Name
KELLER FINANCIAL SERVICES OF TAMPA BAY, INC.



Principal Place of Business 18167 US HWY 19 SUITE 450 CLEARWATER FL 34624 US	Mailing Address POBOX 15007 CLEARWATER FL 34628-5007 US
---	---

3. Date Incorporated or Qualified 02/06/1992	3a. Date of Last Report 03/25/1996
--	--

2. Principal Place of Business 21 18167 US Hwy. 19 North Suite, Apt. #, etc. 22 Suite 450 City & State 23 Clearwater, FL Zip Country 24 34624-6572 25 Pinellas	2a. Mailing Address 26 18167 US Hwy. 19 North Suite, Apt. #, etc. 27 Suite 450 City & State 28 Clearwater, FL Zip Country 29 34624-6572 30 Pinellas
--	---

4. FEI Number 59-3107421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KELLER, BRIAN R. 19329 US HWY 19 NORTH CLEARWATER FL 34624	
--	--

10. Name and Address of New Registered Agent 81 Name Keller, Brian R. 82 Street Address (P.O. Box Number is Not Acceptable) 18167 US Highway 19 North 83 Suite 450 84 City Clearwater FL 85 Zip Code 34624-6572	
---	--

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 Brian R. Keller January 9, 1997
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	C/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BRIAN R.	1.2 NAME	Keller, Brian R.
STREET ADDRESS	19329 US HWY 19 NORTH	1.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, R. LAMAR	2.2 NAME	
STREET ADDRESS	19329 US HWY 19 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Gillis, Timothy G.
STREET ADDRESS		3.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Nixon, Michael
STREET ADDRESS		4.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Stiff, Gregory M.
STREET ADDRESS		5.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 34624-6572
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hallstrom, John D.
STREET ADDRESS		6.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, FL 34624-6572

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: Brian R. Keller January 9, 1997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 813/524-1400

CR2E034 (9/96)