

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # V19995 (2)
1. Corporation Name
KELLER FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
18167 US HWY. 19 N.
SUITE 450
CLEARWATER FL 34624-6572
US
18167 US HWY 19 NORTH
SUITE 450
CLEARWATER FL 34624-6572
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/10/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0325037	
24 33764		29 33764		Applied For	
Country		Country		Not Applicable	
25		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KELLER, BRIAN R. 18167 US HIGHWAY 19 NORTH SUITE 450 CLEARWATER FL 34624				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			
				33764			

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 1/6/98
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	DV	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILLIS, TIMOTHY G.			1.2 NAME			
STREET ADDRESS	18167 US HIGHWAY 19 NORTH, SUITE 450			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP			
TITLE	DPST	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLER, BRIAN R			2.2 NAME	C/P/S/T/D		
STREET ADDRESS	18167 US HIGHWAY 19 NORTH, SUITE 450			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALSTROM, JOHN D.			3.2 NAME			
STREET ADDRESS	18167 US HIGHWAY 19 NORTH, STE. 450			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STIFF, GREGORY M			4.2 NAME			
STREET ADDRESS	18167 US HIGHWAY 19 NORTH, STE. 450			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			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 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, Pres. 1/6/98 813/524-1400

CR2E034 (10/97)