

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 11 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F48363 (8)
 1. Corporation Name
 PETER A. KELLER, D.D.S., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 4000 SHERIDAN STREET
 HOLLYWOOD FL 33021

Mailing Address
 4000 SHERIDAN STREET
 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
 10/01/1981

4. FEI Number
 59-2124173 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
 DOLCHIN, P.A., STEVEN B.
 2450 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KELLER, PETER A	
STREET ADDRESS	4000 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 ***150.00
 8/11

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 _____ DATE 8/2/98 (202) 242-7922

CR2E034 (5/98)

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August 3, 1998

To Whom It May Concern:

I never received my 1998 Profit Corporation Annual Report Packet in the mail. I received a call July 21, 1998 from my accountant telling me that he saw no check written for this filing fee in my old bank checks. He wondered why because he knows that I always pay my bills on time. I told him that I must not have received it.

He told me that I should have received a second notice by now and I told him that I did not. Upon further checking, I found that the second notice was sent to the right address but there are seven dentists in the building and my notice was sent to a dentist that was on vacation all summer in New York State. All of his mail was forwarded to him by his secretary. It actually took me over a day to find his phone number and get him to check his mail and look for the application form.

You now have the second application form with the initial fee. I still have no idea where the first application form went and no secretary or dentist will acknowledge any wrongdoing. You can see from my records that for the past 14 or so years I always paid on time. The mail must have been delivered to a different dentist at my address.

I do not feel that I should have to pay the penalty fee because I always respond when I get a bill. You may call me at (954) 262-7322 if I can be of any further help. I know that you have the final say, but I look forward to a favorable reply. This has never happened to me before, and will never happen again.

Thank you for your consideration.

Yours truly,

Peter A. Keller, DDS