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 26 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 # **G48002** **(1)**

1. Corporation Name
KELAHER & WIELAND, P.A.

Principal Place of Business	Mailing Address
390 N ORANGE AVE STE 1500 P O BOX 944 ORLANDO FL 32802	390 N ORANGE AVE STE 1500 P O BOX 944 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1983

2. Principal Place of Business	2a. Mailing Address
21 790 N. Orange Avenue	26 790 N. Orange Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, FL.	28 City & State: Orlando, FL.
24 Zip: 32801 25 Country: USA	29 Zip: 32801 30 Country: USA

4. FEI Number: 59-2327338 ☐ 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

9. Name and Address of Current Registered Agent

KELAHER, JAMES P ESQ
390 N ORANGE AVE
STE 1500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Glen D. Wieland
82 Street Address (P.O. Box Number is Not Acceptable): 790 N. Orange Avenue
83
84 City: Orlando **FL** 85 Zip Code: 32801

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: [signature] 8/19/98
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	~~DP~~	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELAHER, JAMES P.		1.2 NAME	
STREET ADDRESS	20 N ORANGE AVE. #1307		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	~~DVP~~ DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WIELAND, GLEN D.		2.2 NAME	
STREET ADDRESS	~~20 N. ORANGE AVE. #1307~~ 790 N. Orange Ave		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Alfred J. Hilado		3.2 NAME	
STREET ADDRESS	790 N. Orange Ave		3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32801		3.4 CITY-ST-ZIP	
TITLE	Sec.	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Michael A. Miller		4.2 NAME	
STREET ADDRESS	790 N. Orange Ave		4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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: [signature] REQUIRED 8/19/98 407 841-7699