

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**  
 09-09-1999 90007 016 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000060134

KELAHER LAW OFFICES, P.A.



Principal Place of Business  
 790 N ORANGE AVENUE  
 ORLANDO FL 32801

Mailing Address  
 790 N ORANGE AVENUE  
 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

Principal Place of Business

800 N. Magnolia Ave

2a. Mailing Address

800 N. Magnolia Ave

4. FEI Number

59-3520930

Applied For

Not Applicable

Suite, Apt. #, etc.  
 #1301

27. Suite, Apt. #, etc.  
 #1301

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State  
 Orlando, FL

28. City & State  
 Orlando, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip  
 32803

Country  
 USA

29. Zip  
 32803

30. Country  
 USA

8. This corporation owes the current year Intangible Personal Property.

Yes  No

9. Name and Address of Current Registered Agent

KELAHER, JAMES P  
 120 POINT VIEW LANE  
 LONGWOOD FL 32779

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

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

*James P. Kelaher*

(NOTE: Registered Agent signature required when reinstating)

DATE

9/7/99

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE KELAHER, JAMES P 120 POINT VIEW LANE LONGWOOD FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:

*James P. Kelaher* REQUIRED

9/7/99 (407) 841-7698

CR2E034 (5/99)