

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

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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834578 (7)

1. Corporation Name
HAAS, WILKERSON, & WOHLBERG, INC.

Principal Place of Business
6675 13TH AVE. N.
SUITE 4
ST PETERSBURG FL 33710
US

Mailing Address
4300 SHAWNEE MISSION PKWY
SHAWNEE MISSION KS 66205-2526
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1975

2. Principal Place of Business 21 6675 13th Avenue, North Suite, Apt. #, etc. 22 #2D City & State 23 St. Petersburg, FL Zip 24 33710	2a. Mailing Address 26 4300 Shawnee Mission Parkway Suite, Apt. #, etc. 27 City & State 28 Shawnee Mission, KS Zip 29 66205 Country 30 USA	4. FEI Number 44-0648448 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ALLAN, DANIEL R.
6675 13TH AVE. N SUITE 4
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
Allan, Daniel R.
82 Street Address (P.O. Box Number is Not Acceptable)
6675 13th Avenue, North, #2D
83
84 City
St. Petersburg
85 Zip Code
FL 33710

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, typed or printed name of registered agent and title if applicable

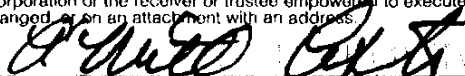
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTOR, L'MITCHELL	1.2 NAME	Castor, L'Mitchell
STREET ADDRESS	12760 GARNETT	1.3 STREET ADDRESS	12760 Garnett
CITY-ST-ZIP	OVERLAND PARK KS	1.4 CITY-ST-ZIP	Overland Park, KS 66210
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULSON, J. PHILIP	2.2 NAME	Coulson, J. Philip
STREET ADDRESS	2221 DRURY LANE	2.3 STREET ADDRESS	2221 Drury Lane
CITY-ST-ZIP	SHAWNEE MISSION KS	2.4 CITY-ST-ZIP	Shawnee Mission, KS 66208
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN, DANIEL R.	3.2 NAME	Allan, Daniel R.
STREET ADDRESS	7352 HUNT CLUB LANE	3.3 STREET ADDRESS	7352 Hunt Club Lane
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	Seminole, FL 34646
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, WILLIAM R.III	4.2 NAME	Wilkinson, William R. III
STREET ADDRESS	3810 WEST 66 ST	4.3 STREET ADDRESS	3810 West 66th Street
CITY-ST-ZIP	SHAWNEE MISSION KS	4.4 CITY-ST-ZIP	Shawnee Mission, KS 66201
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, DAVID	5.2 NAME	Garrett, David
STREET ADDRESS	9116 W 112 ST.	5.3 STREET ADDRESS	9116 W. 112 Street
CITY-ST-ZIP	OVERLAND PARK KS	5.4 CITY-ST-ZIP	Overland Park, KS 66210
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, GERALD L.	6.2 NAME	Ford, Gerald L.
STREET ADDRESS	24901 TIMBERLAKE TRAIL	6.3 STREET ADDRESS	24901 Timberlake Trail
CITY-ST-ZIP	GREENWOOD MO	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 607.0503, 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, as an attachment with an address.

SIGNATURE:



March 24, 1998 (913) 676-9246

CR2E034 (10/97)