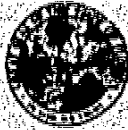


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:43

DOCUMENT # **P92000005942 (7)**

1. Corporation Name
DAVID KASHUBA, P.A.

| | |
|--|--|
| Principal Place of Business 6390 INDIANTOWN RD SUITE 30 JUPITER FL 33458 | Mailing Address 6390 INDIANTOWN RD SUITE 30 JUPITER FL 33458 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/18/1992 | 3a. Date of Last Report 03/30/1994 |
|--|--|

| | | | |
|--------------------------------------|---------------------------|---|-------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 65-0370626 | Applied For Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 Zip | 28 Country | 29 Zip | 30 Country |
| 24 | 25 | 29 | 30 |

| | | | | |
|--|--|---|-----------|-------------|
| 9. Name and Address of Current Registered Agent GUMSON, RICHARD 6390 INDIANTOWN ROAD SUITE 30 JUPITER FL 33450 | | 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 reappointing) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KASHUBA, DAVID | 1.2 NAME | |
| STREET ADDRESS | 825 S. U.S. Hwy One | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 175 TONEY PENNA DR, A 206B JUPITER FL 33458 33477 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *David Kashuba* **3/25/95** (407) 743-8621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

199200000 5942

JUPITER LAW CENTER

CHASEWOOD PLAZA • SUITE 30 • 6390 INDIANTOWN ROAD
JUPITER, FLORIDA 33458
TELEPHONE (407) 744-4800

Attorneys At Law

RICHARD P. GUMSON •
ADAM S. GUMSON

* also admitted to New York Bar

April 7, 1995

Division of Corporations
Annual Reports
Caller Service #1500
Tallahassee, Florida 32302-1500

Re: DAVID KASHUBA, P.A.

Gentlemen:

Enclosed please find the following:

1. completed 1995 Corporation Annual Report,
to be filed with your offices; and
2. \$208.75 fee in payment of the \$200.00 filing
fee and the \$8.75 Status Report.

Kindly forward the Status Report at your earliest
convenience.

Thank you for your prompt attention to this matter.

Very truly yours,
JUPITER LAW CENTER

Richard A. Gumson

RPG:sa
Encs.

01\001\GDRP-21