

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000089142 (1)

1. Corporation Name
BETH SHUBERT, P.A.



Principal Place of Business
**2630-B N.W. 41ST ST
GAINESVILLE FL 32606**

Mailing Address
**2630-B N.W. 41ST ST
GAINESVILLE FL 32606**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

**SHUBERT, BETH
2630-B N.W. 41ST STREET
GAINESVILLE FL 32606**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL 85 Zip Code

3. Date Incorporated (or Qualified)
12/08/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3301963

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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0617 and 607.1403, 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 record owners and holders of shares, thereby, except the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0617, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	SHUBERT, BETH	
STREET ADDRESS	2630-B N.W. 41ST ST.	
CITY-STATE-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information submitted to be filed is voluntary, 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, as provided to exercise the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report in an official capacity with or without a fee.

SIGNATURE: *Beth Shubert* BETH SHUBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (352) 373-0768

CR2E034 (12/95)