

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 30 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6400 W. NEWBERRY RD		25 6400 W. NEWBERRY RD		12/08/1994	05/01/1996
22 STE 309		27 STE 309		4. FEI Number	Applied For
23 GAINESVILLE, FL		28 GAINESVILLE, FL		59-3301963	Not Applicable
24 32605		29 32605		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 ALACHUA		30 ALACHUA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27		32		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent
 SHUBERT, BETH
 2630-B N.W. 41ST STREET
 GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name	BETH SHUBERT
82 Street Address (P.O. Box Number is Not Acceptable)	6400 W. NEWBERRY RD
83	STE 309
84 City	GAINESVILLE FL
85 Zip Code	32605

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: *Beth Shubert* BETH SHUBERT 08/25/97
(NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	6400 W. NEWBERRY RD. STE 309		
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: *Beth Shubert* 08/25/97 (352) 331-1028

CR2E034 (4/97)