

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
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DOCUMENT # K89585 (9)

1. Corporation Name
MICHAEL T. SCHAEFER, D.C., P.A.

Principal Place of Business 3137 49TH ST. N. ST. PETERSBURG FL 33710	Mailing Address 3137 49TH ST. N. ST. PETERSBURG FL 33710
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1989	3a. Date of Last Report 04/26/1994		
21	26	2038 Town Ave NE		4. FEI Number 59-2946656	Applied For <input type="checkbox"/> Not Applicable		
22	27	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23	28	City & State St. Petersburg FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	25	Country USA	29	Zip 33703	30	Country USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHAEFER, DEBORAH A. 3137-49TH STREET, NORTH ***** ST. PETERSBURG FL 33710				81	Name Deborah A. Schaefer		
				82	Street Address (P.O. Box Number is Not Acceptable) 2038 Town Ave NE		
				83			
				84	City St. Petersburg	85	FL

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, MICHAEL T.	1.2 NAME	
STREET ADDRESS	3137 49TH ST. N.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	1.4 CITY- ST- ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, DEBORAH A.	2.2 NAME	
STREET ADDRESS	3137 49TH ST. N.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	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 this 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 original.

SIGNATURE: *Michael T. Schaefer* President 1-26-95 813 525 6808
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Name) (Typed Name)