

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sentra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED AND FILED**

**95 MAY - 1 PH 3: 24**  
**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000082334 (2)**

1. Corporation Name  
**KAREN A. KLICKOVICH, P.A.**

Principal Place of Business      Mailing Address  
**9360 WOODBREEZE BLVD. WINDERMERE FL 34786**      **9360 WOODBREEZE BLVD. WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/22/1993**      **03/30/1994**

4. FEI Number      Applied For  
**59-3212772**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution     

8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suits, Apt. #, etc.      Suits, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**SWART, HARRY J**  
**921 N. MAIN STREET**  
**SUITE 203**  
**KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name      **Harry J. Swart, CPA**

82 Street Address (P.O. Box Number is Not Acceptable)      **717 East Oak Street**

83

84 City      **Kissimmee**      FL      85 Zip Code      **34744**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE	<b>DPS</b>
NAME	<b>KLICKOVICH, KAREN A</b>
STREET ADDRESS	<b>9360 WOODBREEZE BLVD.</b>
CITY - ST - ZIP	<b>WINDERMERE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KLICKOVICH, KAREN A.</b>	
1.3 STREET ADDRESS	<b>936 WOODBREEZE BLVD.</b>	
1.4 CITY - ST - ZIP	<b>WINDERMERE, FL 34786</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>500001918395</b>	
4.4 CITY - ST - ZIP	<b>-06/20/95--01121--015</b>	
	<b>****200.00      ****200.00</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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: **Karen A. Klickovich**      **President**      **6/12/95**      **407-896-2508**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

CR2E094 (3/95)