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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000020825 (3)

1. Corporation Name

MARK A. HRUSKA, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
21 S.E. 5TH ST. BOCA RATON FL 33432	21 S.E. 5TH ST. BOCA RATON FL 33432

2. Principal Place of Business	2a. Mailing Address
21 750 S. DIXIE HWY Suite, Apt. #, etc.	26 750 S. DIXIE HWY Suite, Apt. #, etc.
22 City & State 23 BOCA RATON, FL Zip 33432 Country USA	27 City & State 28 BOCA RATON, FL Zip 33432 Country USA

3. Date Incorporated or Qualified	Applied For
03/16/1994	Not Applicable
4. FEI Number	
65-0475267	
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
TURBEVILLE, WILLIAM J. II 21 SE FIFTH STREET BOCA RATON FL 33432	

10. Name and Address of New Registered Agent	
81 Name	TURBEVILLE, WILLIAM J. II
82 Street Address (P.O. Box Number is Not Acceptable)	750 S. DIXIE HWY
83	
84 City	BOCA RATON
85 Zip Code	FL 33432

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	DPST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRUSKA, MARK	1.2 NAME	
STREET ADDRESS	21 S.E. 5TH ST.	1.3 STREET ADDRESS	750 South Dixie Hwy.
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	Boca Raton, FL 33432
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 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

Mark A. Hruska

1-21-98

501-294-13280

CR2E034 (10/97)