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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000020827 (9)

1. Corporation Name

WILLIAM J. TURBEVILLE II, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 21 S.E. 5TH ST. BOCA RATON FL 33432		Mailing Address 21 S.E. 5TH ST. BOCA RATON FL 33432	
2. Principal Place of Business 21 750 SOUTH DIXIE HIGHWAY Suite, Apt. #, etc.		2a. Mailing Address 26 750 SOUTH DIXIE HIGHWAY Suite, Apt. #, etc.	
22 City & State 23 BOCA RATON, FLORIDA		27 City & State 28 BOCA RATON, FLORIDA	
24 Zip 33432		30 Zip 33432	
25 Country PALM BEACH		30 Country PALM BEACH	
9. Name and Address of Current Registered Agent HRUSKA, MARK A. 21 S.E. 5TH STREET BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name HRUSKA, MARK A. 82 Street Address (P.O. Box Number is Not Acceptable) 750 SOUTH DIXIE HIGHWAY 83 84 City BOCA RATON, FL 85 Zip Code 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	P	1.1 TITLE	
NAME	TURBEVILLE, BILL	1.2 NAME	
STREET ADDRESS	649 SW 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

William J. Turbeville II, P.A. 3-13-98

CR2E034 (10/97)