

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # P95000071156 (0)

1. Corporation Name

SUBJECK, INC.



Principal Place of Business

Mailing Address

8829 U.S. 19
 PORT RICHEY FL 34668

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 PORT RICHEY FL 34668

3. Date Incorporated or Qualified

3a. Date of Last Report

09/15/1995

4. FEI Number

Applied For
 Not Applicable

59-3350016

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 has liability for intangible tax under s. 199.032,
 Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUBJECK, KARL R
 6825 TIERRA VERDE ST.
 PORT RICHEY FL 34668

81 Name Karl R Subjeck

82 Street Address (P.O. Box Number is Not Acceptable)
 9544 Calle ALTA

83

84 City New Port Richey FL 85 Zip Code 34655

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: Kurt A Subjeck VPS Kurt A Subjeck 8-7-96

Signature type for person(s) who are registered agent(s) (applicable)

(OFFICER, Registered Agent or Director when not a group)

DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-----------------------|--------------------------|
| TITLE | D | <input type="checkbox"/> |
| NAME | SUBJECK, KARL R | |
| STREET ADDRESS | 6825 TIERRA VERDE ST. | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | SUBJECK, KURT A | |
| STREET ADDRESS | 6821 TIERRA VERDE ST. | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |
| 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 |
|---|-----------------------|--------------------------|--------------------------|
| 11 TITLE | President Treasurer | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME | Karl R Subjeck | | |
| 13 STREET ADDRESS | 9544 Calle ALTA | | |
| 14 CITY-ST-ZIP | New Port Richey 34655 | | |
| 21 TITLE | Vice President | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | Secretary | | |
| 23 STREET ADDRESS | | | |
| 24 CITY-ST-ZIP | | | |
| 31 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY-ST-ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY-ST-ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY-ST-ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Kurt A Subjeck Kurt A Subjeck 8-7-96 813-816-8805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)