

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079052 (3)**

1. Corporation Name  
**DEBRA KUBICSEK, P.A.**

Principal Place of Business

**4111 LAND O'LAKES BLVD.  
STE 302C  
LAND O'LAKES FL 34639  
US**

Mailing Address

**4111 LAND O'LAKES BLVD.  
STE 302C  
LAND O'LAKES FL 34639  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>200 NE 1st Street</b>	2a <b>5813 SW 36 Way</b>
22 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.
23 <b>Gainesville, FL</b>	27 <b>Gainesville, FL</b>
24 <b>32601</b>	28 <b>32608</b>
25 <b>Alachua</b>	29 <b>Alachua</b>

3. Date Incorporated or Qualified <b>10/13/1995</b>	
4. FEI Number <b>59-3342035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>KUBICSEK, DEBRA 4111 LAND O'LAKES BLVD. STE 302C LAND O'LAKES FL 34639</b>	

10. Name and Address of New Registered Agent	
81 Name <b>Kubicsek, Debra</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>5813 SW 36 Way</b>
83	84 City <b>Gainesville</b> <b>FL</b> 85 Zip Code <b>32608</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	PO
NAME	KUBICSEK, DEBRA	1.2 NAME	Kubicsek, Debra
STREET ADDRESS	4111 LAND O'LAKES BLVD STE 302C	1.3 STREET ADDRESS	5813 SW 36 Way
CITY-ST-ZIP	LAND O'LAKES FL	1.4 CITY-ST-ZIP	Gainesville, FL 32608
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: *Debra Kubicsek, President* 1/12/98

CR2E034 (10/97)