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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000072083 (4)

LUBESKY, INC.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

City-ST-2iP

Principal Place of Business Mailing Address 651 SEDGEWICK WAY 651 SEDGEWICK WAY PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1996 2. Principal Place of Business 2a. Mailing Address 520 520 59-33986 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing BAL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible PINE Yes Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ENN15 LUBESKY, STANLEY C. 651 SEDGEWICK WAY Street Address (P.O. Box Number is Not Acceptable PALM HARBOR FL 34683 83 Zip Code 34683 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 hoard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DENNIS SIGNATURE OFFICERS AND DIRECTORS 12. 13. DELETE Addition 1.1 TITLE Change TITLE C. BESS DENNIS LUBERSKY, STANLEY C. 1.2 NAME NAME 651 SEDGEWICK WAY STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change A-DD DELETE TIDE STD 2.1 TITLE LUBESKY LUBESKY, LINDA J NAME 2.2 NAME 651 SEDGEWICK-WAY STREET ADDRESS 2.3 STREET ADDRESS 34683 PALM HARBOR FL 34683 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition

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, of an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE SUITE SUITE SHIPFLINDA J. LUBESKY 1/13/98 8/3-986315.

CR2E034 (10/97)

☐ Change

Addition

FILED

Jan 26 1998 8:00am

Secretary of State