


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

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90048 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000010589

1. Corporation Name
MICEK & MICEK, P.A.



Principal Place of Business 4101 BLACK OAK TRAIL SPRING HILL FL 34609	Mailing Address 4101 BLACK OAK TRAIL SPRING HILL FL 34609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12545 SPRING HILL DR		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3493224	
22		27		Applied For Not Applicable	
City & State 23 SPRING HILL, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34609		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MICEK, BRUCE J
4101 BLACK OAK TRAIL
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

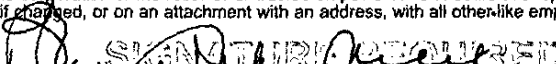
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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	
OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
D MICEK, BRUCE J 4101 BLACK OAK TRAIL SPRING HILL FL 34609		1.1 TITLE	
D MICEK, MARY E 4101 BLACK OAK TRAIL SPRING HILL FL 34609		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all otherlike empowered.

SIGNATURE:  352-666-7181 03-22-99