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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P32870 (8)

**1. Corporation Name
FLORIDA CHIROPRACTIC NETWORK, INC.**

**Principal Place of Business
5620 SMETANA DR STE 225
MINNETONKA MN 55343**

**Mailing Address
5620 SMETANA DR STE 225
MINNETONKA MN 55343-9611**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/19/1991	3a. Date of Last Report 04/02/1996
21. State, A.C.T. #, etc.	26. State, Apt. #, etc.	4. FEI Number 41-1591944	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 in accordance with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Name of signatory to be printed here) (Type name of signatory if applicable) (Date) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	
NAME	ALLENBURG, THOMAS J.	12 NAME	
STREET ADDRESS	5620 SMETANA DR #225	13 STREET ADDRESS	
CITY-STATE-ZIP	MINNETONKA MN	14 CITY-STATE-ZIP	
TITLE	D	21 TITLE	
NAME	COLE, DAVID L.	22 NAME	
STREET ADDRESS	5620 SMETANA DR #225	23 STREET ADDRESS	
CITY-STATE-ZIP	MINNETONKA MN	24 CITY-STATE-ZIP	
TITLE	VST	31 TITLE	
NAME	COLE, DAVID L.	32 NAME	
STREET ADDRESS	5620 SMETANA DR 3225	33 STREET ADDRESS	
CITY-STATE-ZIP	MINNETONKA MN	34 CITY-STATE-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do 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 contained 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: *David L. Cole* **David L. Cole** 3/7/97 (612) 938-6909

CR2E034 (9/96)