

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 005 ***558.75

00106320

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000074160**

1. Corporation Name
1ST CHIROPRACTIC, INC.



Principal Place of Business: 224 SOUTH ORANGE AVENUE #A, RLANDO FL 32809
 Mailing Address: 5224 SOUTH ORANGE AVENUE #A, ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		09/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
3		27		59-3402690	
City & State		City & State		Applied For	
5		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
25		29		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OMBRES, ALEXANDER J 801 N. MAGNOLIA AVENUE #201 ORLANDO FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME	BELIARD, MIRLOURDES		1.2 NAME		
REET ADDRESS	1621 AMERICANA BLVD. #20H		1.3 STREET ADDRESS		
Y-ST-ZIP	ORLANDO FL 32809		1.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME			2.2 NAME		
REET ADDRESS			2.3 STREET ADDRESS		
Y-ST-ZIP			2.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME			3.2 NAME		
REET ADDRESS			3.3 STREET ADDRESS		
Y-ST-ZIP			3.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME			4.2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
Y-ST-ZIP			4.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		
Y-ST-ZIP			5.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
Y-ST-ZIP			6.4 CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** 7/4/99 407-888-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)