

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

**FILED**  
**Mar 30 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000030957 (9)**  
 1. Corporation Name  
**STEVEN D. FEINZIG, D.C., P.A.**



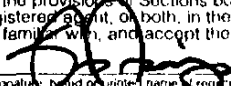
Principal Place of Business <b>8320 W SUNRISE BLVD                  SUITE 111                  PLANTATION FL 33322</b>	Mailing Address <b>8320 W SUNRISE BLVD                  SUITE 111                  PLANTATION FL 33322</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2120 HOLLYWOOD BLVD</b> Suite, Apt. #, etc.		2a. Mailing Address <b>2120 HOLLYWOOD BLVD</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/07/1997</b>	
21 <b>2120 HOLLYWOOD BLVD</b>		26 <b>2120 HOLLYWOOD BLVD</b>		4. FEI Number <b>65-0741719</b>	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Hollywood, FL</b> City & State Zip <b>33020</b> Country <b>USA</b>		28 <b>Hollywood, FL</b> City & State Zip <b>33020</b> Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33020</b>		25 <b>USA</b>		29 <b>33020</b>	
24 <b>33020</b>		25 <b>USA</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent <b>FEINZIG, STEVEN D                  8320 W SUNRISE BLVD                  SUITE 111                  PLANTATION FL 33322</b>				10. Name and Address of New Registered Agent			
81 Name		<b>FEINZIG, STEVEN D.</b>					
82 Street Address (P.O. Box Number is Not Acceptable)		<b>2120 HOLLYWOOD BLVD</b>					
83							
84 City		<b>HOLLYWOOD</b>		85 Zip Code <b>33020</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  DATE \_\_\_\_\_  
Signature: hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address.

SIGNATURE:  DATE: **3-24-98**

CR2E034 (10/97)