


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 15 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766373 (5)
 1. Corporation Name
THE FLORIDA INSTITUTE OF CHIROPRACTIC RESEARCH AND EDUCATION, INC.



Principal Place of Business % ROBERT L. GUNTHER 12574 INDIAN ROCKS ROAD LARGO FL 34644	Mailing Address % ROBERT L. GUNTHER 12574 INDIAN ROCKS ROAD LARGO FL 34644
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1982	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 217 N. KIRKMAN RD. Suite, Apt. #, etc. 22 SUITE ONE City & State 23 ORLANDO, FL Zip 24 32811	2a. Mailing Address 26 217 N. KIRKMAN RD. Suite, Apt. #, etc. 27 SUITE ONE City & State 28 ORLANDO, FL Zip 29 32811	4. FEI Number 59-2434533	Applied For Not Applicable
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5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 PARRI, RAYMOND L., PA
 1217 PONCE DE LEON BLVD.
 CLEARWATER FL 34616-1285

10. Name and Address of New Registered Agent
 81 Name **DEBRA MINOR**
 82 Street Address (P.O. Box Number Is Not Acceptable)
217 N. KIRKMAN ROAD
 83 **SUITE ONE**
 84 City **ORLANDO** **FL** 85 Zip Code **32811**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Debra A. Minor* DATE **9/3/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HINTON, HERBERT E JR	
STREET ADDRESS	127 E. DANIA BEACH BLVD.	
CITY-ST-ZIP	DANIA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, EDWARD M., D.C.	
STREET ADDRESS	1342 COLONIAL SUITE 19	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, LEE E.	
STREET ADDRESS	5288 SEMINOLE BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCUTCHEON, MARK	
STREET ADDRESS	680 DOUGLAS AVE.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUNTHER, ROBERT L.	
STREET ADDRESS	12574 INDIAN ROCKS RD.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ed C. Williams, D.C.	
1.3 STREET ADDRESS	217 N. KIRKMAN RD., SUITE ONE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32811	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DR. TOM HYDE, D.C.	
2.3 STREET ADDRESS	8056 SW 81ST DR.	
2.4 CITY-ST-ZIP	MIAMI, FL 33143	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK FARCUS, D.C.	
3.3 STREET ADDRESS	3200 4th St. N.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOE JOHNSON, D.C.	
4.3 STREET ADDRESS	1230 SEMINOLA BLVD.	
4.4 CITY-ST-ZIP	CASSELBERY, FL 32707	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DEBRA MINOR	
6.3 STREET ADDRESS	217 N. KIRKMAN RD., SUITE ONE	
6.4 CITY-ST-ZIP	ORLANDO, FL 32811	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Gunther* REGISTERED TREAS. DATE: **9/3/97** TEL: **813-546-3601**

CR2E037 (4/97)