

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 766373 (5)
 1. Corporation Name
 THE FLORIDA INSTITUTE OF CHIROPRACTIC RESEARCH AND EDUCATION, INC.



Principal Place of Business: 217 N KIRKMAN RD #ONE ORLANDO FL 32811 US
 Mailing Address: 217 N KIRKMAN RD #ONE ORLANDO FL 32811 US

3. Date Incorporated or Qualified: 12/30/1982
 4. FEI Number: 59-2434533
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: MINOR, DEBRA, 217 N KIRKMAN RD #ONE, ORLANDO FL 32811

10. Name and Address of New Registered Agent (81-85): Debra Minor Brown, Same, FL, Same

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILLIAMS, ED E D.C.	1.2 NAME	
STREET ADDRESS	217 N KIRKMAN RD #ONE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	D
NAME	HYDE, DR TOM D.C.	2.2 NAME	
STREET ADDRESS	8056 SW 81ST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Joe Johnson, D.C.
NAME	FARCUS, FRANK D.C.	3.2 NAME	22395 U.S. Hwy. 331 N.
STREET ADDRESS	3200 4TH ST N	3.3 STREET ADDRESS	Paxton, FL 32538
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VD
NAME	JOHNSON, JOE D.C.	4.2 NAME	Sherman Johnson, D.C.
STREET ADDRESS	1230 SEMINOLA BLVD	4.3 STREET ADDRESS	22395 U.S. Hwy. 331 N.
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	Paxton, FL 32538
TITLE	TD	5.1 TITLE	
NAME	GUNTHER, ROBERT L.	5.2 NAME	
STREET ADDRESS	12574 INDIAN ROCKS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MINOR, DEBRA	6.2 NAME	Debra Minor Brown (name)
STREET ADDRESS	217 N KIRKMAN RD #ONE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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

SIGNATURE: Debra Minor Brown Debra Minor Brown 7/13/98 407/290-5883

CR2E037 (5/98)