

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90019 045 ***550.00

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DOCUMENT # **F93000002102**

Corporation Name
CHIROMATIC, INC.



Principal Place of Business
**57 HELEN ST.
SOUTH PLAINFIELD NJ 07080
US**

Mailing Address
**157 HELEN ST.
SOUTH PLAIN FIELD NJ 07080
US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| Principal Place of Business 1375 JERSEY AVE Suite, Apt. #, etc. | | 2a. Mailing Address 1375 JERSEY AVE Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 05/05/1993 | |
| City & State NORTH BRUNSWICK, NJ Zip 08902 Country USA | | 27. City & State NORTH BRUNSWICK NJ Zip 08902 Country USA | | 4. FEI Number 22-3154339 Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**GERSHAW, GERALD
2975 MEADOW LANE
FT. LAUDERDALE FL 33331**

10. Name and Address of New Registered Agent

81 Name **GERSHAW, GERALD / G.E. HIRSCHBERG**
82 Street Address (P.O. Box Number is Not Acceptable)
3101 N. FEDERAL HWY Suite 700
83 **3101 N. FEDERAL HWY**
84 City **FT. LAUDERDALE** FL 85 Zip Code **33306**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

| | |
|---|--|
| 1. NAME PC GERSHAW, GERALD 2975 MEADOW LANE FT. LAUDERDALE FL 33331 | <input checked="" type="checkbox"/> DELETE |
| 2. NAME S SCIARRILLO, NANCY 128 MT. PLEASANT AVE. EAST HANOVER NJ | <input checked="" type="checkbox"/> DELETE |
| 3. NAME | <input type="checkbox"/> DELETE |
| 4. NAME | <input type="checkbox"/> DELETE |
| 5. NAME | <input type="checkbox"/> DELETE |
| 6. NAME | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE PC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME GERSHAW, GERALD | |
| 1.3 STREET ADDRESS 1375 JERSEY AVE | |
| 1.4 CITY-ST-ZIP NORTH BRUNSWICK, N.J. 08902 | |
| 2.1 TITLE S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME SCARRILLO, NANCY | |
| 2.3 STREET ADDRESS 128 MT. PLEASANT AVE | |
| 2.4 CITY-ST-ZIP EAST HANOVER, N.J. 08902 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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:

GERALD GERSHAW 7/1/99 732-628-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)