

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H46466 (9)

1. Corporation Name
ROMANSKI, D.C. AND ROMANSKI, D.C., P.A.



Principal Place of Business
**1237 S. VENICE BY-PASS
VENICE FL 34293**

Mailing Address
**1237 S. VENICE BY-PASS
VENICE FL 34293-6160**

3. Date Incorporated or Qualified
12/26/1984

3a. Date of Last Report
04/12/1996

2. Principal Place of Business
21 **130 Shamrock Blvd**
Suite, Apt. #, etc.

22 City & State
23 **Venice, FL**

24 Zip **34293** 25 Country **Sarasota**

2a. Mailing Address
26 **130 Shamrock Blvd**
Suite, Apt. #, etc.

27 City & State
28 **Venice, FL**

29 Zip **34293** 30 Country **Sarasota**

4. FET Number
59-2520371

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROMANSKI, MARTIN E., D.C.
2405 ISLE OF PALMS DRIVE
VENICE FL 34292**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2405 Isle of Palms Drive

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ROMANSKI, MARTIN E., DC	
STREET ADDRESS	805 CUMBERLAND RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROMANSKI, ERENE M., DC	
STREET ADDRESS	805 CUMBERLAND RD.	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2405 Isle of Palms Drive
1.4 CITY-ST-ZIP	Venice, FL 34292
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2405 Isle of Palms Drive
2.4 CITY-ST-ZIP	Venice, FL 34292
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	

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 and am authorized or 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 _____

CR2E034 (9/96)