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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name BEACHSIDE CHELATION CLINIC INC. Principal Place of Business Mailing Address 121 6TH AVENUE P.O. BOX 033609 INDIALANTIC FL 32903-7609 INDIALANTIC FL 32903-7609 INDIALANTIC FL 32903-7609													
								3. Date Incor 11/27/19	oorated or Qualifie		Date of Last 16/1990		
2. Principal Pl	rncipal Place of Business		∤ .∽	2a. Mailing Address				4. FEI Number 59-2944798			Applied For Not Applicable		
Suite, Apt.	# etc.			Suite, Apt. #, et	j.				of Status Desired			5 Addition	
22 City & State			27	City & State					impaign Financing			Required May Be	
23			28	, -, -, -, -, -, -, -, -, -, -, -, -,				Y .	Contribution			ed to Fees	'
Zip	} 1	ountry	}~~~	Zip	h	ountry			ation has liability f	or intangible	e tax unde	rs. 199.03	2.
24	9. Name and A	ddress of Cur	rent Registe	red Agent	30	7		Florida Sta	Address of New	Yes Recistered			
WAG	NER, GLEN					81 Na	ame						
121	BTH AVE.					82 Str	reet Addre	ss (P.O. Box Nu	nber is Not Accep	table)			
INDU	ALANTIC FL 3290	X3				83	*	······································					
											85 Z	ip Code	Ì
11. Pursuant	to the provisions of	Sections 607.0	0502 and 607	7.1508, Florida	Statutes, the	84 Cit	med corpo	oration submits th	is statement for th	FL ie purpose d	of changin	g its regist	ered
11. Pursuant office or nagent. La	to the provisions of egistered agent, or m familiar with, and Synamic typid or pinle	both, in the St Laccept the ob	tale of Florida oligations of,	Such change Section 607.050	was authoriz 05, Florida St	above-nar zed by the tatutes.	med corpo corporatio	oration submits the on's board of direction di	nis statement for th actors. I hereby ac	e purpose o	of changin	g its regisl as registe	ered ed
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I do hereby definity that the information supplied with this supplied with the same legal effect as if made under oath; that information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an efficient or director of the copyrightion 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 illustryinged, or on an attachment with an address.

SIGNATURE:

FILED

Mar 28 1997 8:00am

Secretary of State

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