

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J91684

(7)

1. Corporation Name

RONALD J. WELIKOFF, D.C., P.A.

Principal Place of Business

1171 SUNSET STRIP
SUNRISE FL 33313
US

Mailing Address

1171 SUNSET STRIP
SUNRISE FL 33313-6107
US

2. Principal Place of Business

21 5975 W. SUNRISE BLVD

Suite, Apt. #, etc.

22 # 115

City & State

23 SUNRISE FLORIDA

Zip

24 33313

Country

25 U.S.A.

2a. Mailing Address

26 5975 W. SUNRISE BLVD.

Suite, Apt. #, etc.

27 # 115

City & State

28 SUNRISE FLORIDA

Zip

29 33313

Country

30 USA

3. Date Incorporated or Qualified

09/01/1987

3a. Date of Last Report

03/12/1996

4. FEI Number

59-2844982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

WELIKOFF, RONALD J
1171 SUNSET STRIP
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

RONALD J. WELIKOFF

82

Street Address (P.O. Box Number is Not Acceptable)

5975 W. SUNRISE BLVD

83

115

84

City SUNRISE

FL

85 Zip Code

33313

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
WELIKOFF, RONALD J.
8630 BANYAN PLACE
TAMARAC FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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

RONALD J. WELIKOFF

5/13/97

814-344-5181

FILED
May 13 1997 8:00am
Secretary of State



CR2E034 (9/96)