

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J97945** (6)

1. Corporation Name

BUSSIE CHIROPRACTIC CENTER, INC.



Principal Place of Business

**1259 10TH ST.
LAKE PARK FL 33403**

Mailing Address

**1259 10TH ST.
LAKE PARK FL 33403**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

3. Date Incorporated or Qualified

10/16/1987

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2722672

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

**BUSSIE, DELORES L.
1259 10TH ST.
LAKE PARK FL 33403**

10. Name and Address of New Registered Agent

81 Name

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

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 of person presenting this statement for filing with the Department

Signature of Registered Agent (signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

P

**DELORES L. BUSSIE
1221 SNOWBELL PLACE
WELLINGTON FL**

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

VP

**DOWDELL, ALICE
350 N. DEERFIELD AVE.
DEERFIELD BEACH FL**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

ST

**LAWSON, ASHLEY
23 KNIGHTSBRIDGE LANE
LANTANA FL**

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4.1 TITLE

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