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PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED	
Mar 03 1998 8:00am	1
Secretary of State	

HAMM	OCKS CHIROPRACTIC CENT	IEH, INC.			
Principal Plac	ce of Business	Mailing Address		{ 17601/601 [51] 96160 [11/1 01016 1/60] 9161 9161 9161 9	HIDAN TOTOTA OTOTA OTOTA OFFICE
]	ina island dr.	357 POINCIANA ISLAND D	ND.		
SUITE 1111	INA IGENIO DI.	SUITE 1111	n.		
MIAMI BEACH	H FL 33160	MIAMI BEACH FL 33160		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
		1 A		07/19/1989	74-1
ىىخدا⊟	Place of Business	26 1919 NE	15MS}	4. FEI Number	Applied For
Sulte Api		26 9 19 NE Suite, Apt. #, etc.		65-0138444	Not Applicable
22	Suite 115	27 Sulte	115	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Landredde Pl	City & State 28 Ft Laude	Mak F14	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 3330		. <u> </u>	30 05/	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
so	DLOMON, LEE M.		81 Name	Ken RODE CEA.	
	201 HAMMOCKS BLVD. #152		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MU	AMI FL 33196			19 WE 451757	
			83 5	115 ation	
			84 City	01/0	85 Zip Code
					L 33308
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent/or both, in the State of	! and 607.1508, Florida Statute of Florida. Such change was a	s, the above-named co uthorized by the corpo	orporation submits this statement for the purpose ration's board of directors, I hereby accept the a	e of changing its registered appointment as registered
agent. La	am familiar with, and accept the bliga	tions of, Section 607.0505, Floi	rida Statutes.	ration's board of directors. I hereby accept the a	, and the same of
		· · · · · · · · · · · · · · · · · · ·	- 47		1
SIGNATURE	_ Lee for	- Kenlo	OPP CPA		
SIGNATURE	Signature, typod or printed name of fugistered agoing	1 and title if applicable (NOTE:	Registered Agent signature re-	quired when reinstating) DATE	F
SIGNATURE	OFFICERS AND	1 and title if applicable (NOTE: DIRECTORS	Registered Agent signature re-	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	E AND DIRECTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AND	1 and title if applicable (NOTE:	13. 1.1 TIBLE	Quired when reinstating) ADDITIONS/CHANGES TO OFFICERS A PST SOLOMON LEE M.	EAND DIRECTORS IN 12 Change Addition
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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 trusted/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 any attachment with in orderss.

GNATURE:

GNATURE:

SIGNATURE: