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Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L03427 (6)

1. Corporation Name

HAMMOCKS CHIROPRACTIC CENTER, INC.

Principal Place of Business

357 POINCIANA ISLAND DR.
SUITE 1111
MIAMI BEACH FL 33160

Mailing Address

357 POINCIANA ISLAND DR.
SUITE 1111
MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1919 NE 45th St	26	1919 NE 45th St
22	Suite 115	27	Suite 115
23	Ft Lauderdale FL	28	Ft Lauderdale FL
24	33308	29	33308
25	Broward	30	USA

3. Date Incorporated or Qualified	
07/19/1989	
4. FEI Number	Applied For
65-0138444	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOLOMON, LEE M. 10201 HAMMOCKS BLVD. #152 MIAMI FL 33196				81 Name Ken Ropp C.P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1919 NE 45th St			
				83 Suite 115			
				84 City Ft Lauderdale FL			
				85 Zip Code 33308			

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 Lee Solomon Ken Ropp CPA

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	NAME	SOLOMON, LEE M.	1.1 TITLE	PST	1.2 NAME	SOLOMON Lee M.
STREET ADDRESS	10201 HAMMOCKS BLVD #152	CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	1919 NE 45th St Suite 115	1.4 CITY-ST-ZIP	Ft Lauderdale FL 33308
TITLE		NAME		2.1 TITLE		2.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. 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 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: Lee Solomon President 2/25/98 954-491-7876

CR2E034 (10/97)