

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

PROFIT CORPORATION ANNUAL REPORT 1998 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03427 (6)
1. Corporation Name
HAMMOCKS CHIROPRACTIC CENTER, INC.

Principal Place of Business
1919 NE 45th St.
Suite 115
Ft. Lauderdale, FL 33308

Mailing Address
1919 NE 45th St
Suite 115
Ft. Lauderdale, FL 33308

2. Principal Place of Business
21 357 Poinciana Island Dr.
Suite Apt
22
City & State
23 Miami FL
Zip
24 33160
Country
25 Dade

2a. Mailing Address
26 357 Poinciana Island Dr.
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip
29 33160
Country
30 D.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1989

4. FEI Number
65-0138444
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Ken Rapp CPA
1919 NE 45th St
Suite 115
Ft. Lauderdale, FL 33308

10. Name and Address of New Registered Agent

81 Name Lee M. Solomon
82 Street Address (P.O. Box Number is Not Acceptable)
357 Poinciana Island Dr.
83
84 City Miami
85 Zip Code FL 33160

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 reg. 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 reg. agent. I am familiar with and accept the provisions 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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☒ DELETE
NAME	SOLOMON, LEE M.	
STREET ADDRESS	1919 NE 45th St. Suite 115	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☒ Change ☐ Addition
1.2 NAME	SOLOMON Lee M.	
1.3 STREET ADDRESS	357 Poinciana Island Dr.	
1.4 CITY-ST-ZIP	Miami FL 33160	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****150.00 ****150.00

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 address.

SIGNATURE:

Lee Solomon Pres

6/9/99 305-944-8743

HAMMOCKS CHIROPRACTIC CENTER INC.
357 POINCIANA ISLAND DR.
MIAMI BEACH, FL 33160
305-944-8743

Division of Corporations
Attn: Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

RE: Hammocks Chiropractic Center, Inc.
FEI #: 65-0138444

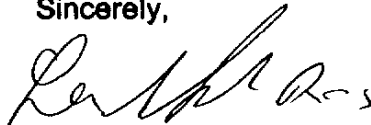
Dear Madam/Sir:

We did not receive our Corporation Annual Report for 1999.

Please accept the enclosed Corporation Annual Report (with corrections) at the \$150.00 fee.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee M. Solomon".

Lee M. Solomon, D.C.