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

FILED
99 JUN 14 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1989

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.

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 FL 85 Zip Code 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 registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Lee M. Pres 6/9/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) 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	
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	500002911083 ☐ Change ☐ Addition
3.2 NAME	-06/21/99--01145--004
3.3 STREET ADDRESS	****150.00 ****150.00
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	

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 Pres 6/9/99 305-944-8743

6/14/99

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,

Lee M. Solomon, D.C.