

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L22086 (7)

1. Corporation Name

TRUK-ALIGN, INCORPORATED OF FLORIDA



Principal Place of Business

Mailing Address

2000 W BAY DR
LARGO FL 34640

2000 W BAY DR
LARGO FL 34640

3. Date Incorporated or Qualified 10/05/1989	3a. Date of Last Report 03/22/1995
4. FEI Number 59-2981627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 1620 McMullen Booth Rd Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Clearwater FL	28. Clearwater FL
24. Zip 34619	29. Country Pinellas
25. Country	30. Zip

9. Name and Address of Current Registered Agent

MILLER, A.C.
119-9TH ST
BELLEAIR BEACH FL 34635

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MILLER, GARY C.	1.2 NAME	
STREET ADDRESS	2000 W BAY DR	1.3 STREET ADDRESS	1620 McMullen Booth Rd
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	D	2.1 TITLE	
NAME	MILLER, ANN	2.2 NAME	
STREET ADDRESS	2000 W BAY DR	2.3 STREET ADDRESS	1620 McMullen Booth Rd
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	D	3.1 TITLE	
NAME	RUNNER, JAMES E.	3.2 NAME	
STREET ADDRESS	2000 W BAY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)