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PROFIT CORPORATION **ANNUAL REPORT** 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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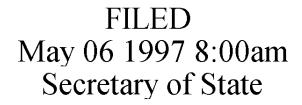
BELLO CHIROPRACTIC CLINIC, INC.

Principal Place of Business

Mailing Address

4624 NORTH ARMENIA AVENUE

4624 NORTH ARMENIA AVENUE





TAMPA FL 33603-2706		TAMPA FL 33603-2706						
					3. Date Incorporated or Qualified 11/29/1989		te of Last 23/1996	
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
Sulte, Apt.	# etc	26 Suite, Apl. #, etc.			59-2977477			Not Applicable
22	n, oto.	27			5. Certificate of Status Desired			Additional Required
City & State	Đ	City & State	· · ·		6. Election Campaign Financing	<u></u>	\$5.0	O May Be
23 Zip	Country		Count	04	Trust Fund Contribution			d to Fees
24	25	29	30	У	8. This corporation has liability for in Florida Statutes	ntangible i Yes [s. 199.032,
	9. Name and Address of Curren		1301		10. Name and Address of New Re			
INA'	TY, OMAR A.		8	Name			<u> </u>	
	4 NO. ARMENIA AVE.		8	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
TAN	IPA FL 33803				Suress (1.0. Box Number is Not Acceptab			
•			8	3				
			8	1 City			85 Zig	o Code
44 5		0. 1007 1500 L. 11 0				FL	1 '	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligi	of florida. Such change was ations of, Section 607.0505, F	authorized I lorida Statut	by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appo	pintment a	s registered
	Signature, typed or printed name of registered age			gent signature re	quired when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	INATY, OMAR A	☐ DECEIE	1.1 TO LE				Change	Addition
STREET ADDRESS	4624 NO. ARMENIA AVE.		1.2 NAMI	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY					
TITLE	D	DELETE	2.1 TITLE	31-21			Change	Addition
NAME	INATY, AMALIA		2.2 NAMI				_ •	-
STREET ADDRESS	4624 N. ARMENIA AVE.		2.3 STRE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY	- S1 - ZIP				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME	·		3.2 NAMI					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		☐ D£LETÉ	3.4. City 4.1 Title				Change	Addition
NAME		☐ orrest	4.1 III.E.					E T WOOMON
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		DELETE	5 1 THEF				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STRE	T ADDRESS				
CITY-ST-ZIP		<u> </u>	5 4 CITY	S1 - ZIP				i
TITLE		DELETE	6.1 THLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST - ZIP				

I do 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 eath; that I am an officer or director of the corporation or the receiver or trusting impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed or