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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L82706

(7)

ACUPUNCTURE SERVICES, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business C/O TAKATOSHI IIDA 1900 BOGGY CREEK RD. KISSIMMEE FL 34744		C/O TAKAT 1900 BOGG	Mailing Address C/O TAKATOSHI IIDA 1900 BOGGY CREEK RD. KISSIMMEE FL 34744-4427			Date Incorporated or Qualified				
							06/25/1990		6/1996	•
<u>├</u> ¬ '	Place of Business	2a. Mailing	Address				4. FEI Number 59-3020913			pplied For
Suite Ap	at the state	26 Suito A	Apt. #, etc.		•		59-3020913		<del></del>	ot Applicable Additional
22	n m tipe.	27	ηρι. <del>ν</del> , <del>ο</del> ιο.				5. Certificate of Status Desired			equired
City & St	ale	City &	State				6. Election Campaign Financing		·····	May Be
23		28					Trust Fund Contribution			to Fees
Z(p)	Country	Zip		Cour	ntry		8. This corporation has liability for it			s. 199.032,
24	26	29		30				Yes [		
	9. Name and Address of Cu	rrent Hegistered A	gent		81	Name	10. Name and Address of New Reg	istered /	Agent	
	A, TAKATOSHI 00 BOGGY CREEK RD.									
KISSIMMEE FL 34744					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
7317	POININGE I E OTT TT			ŀ	83					
				Ļ				<del></del>	"TaaT ===	O-J-
i					84	City		FL	<b>85</b> Zip	Code
SIGNATURE	Signarine typed or printed name of registers		le. (NOT	E Registered	Age	nt signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	DC IN 12
12.	OFFICERS	AND DIRECTORS	DELETE		1.5	<del></del>	ADDITIONS/CHANGES TO OFFIC	ENS ANL	Change	Addition
TITLE NAME	IIDA, TAKATOSHI		L DELCTE	1.1 T/T 1.2 NA					Onange	E ADDITION
STREET ADDRESS	1000 BOOOV ODEEK DD					ADDRESS				
CITY - ST - ZIP	KISSIMMEE FL			1.4 CIT						
1)†LE	D		DELETE	2.1 TIT					Change	Addition
NAME	JANDROK, MARIANA			2.2 NA	ME					
STREET ADDRESS	1900 BOGGY CREEK RD.			2.3 \$11	REET	ADDRESS				
CITY - ST - ZIF	KISSIMMEE FL		Liberere	2 4 CI		7-21P			TTI 75	Addition
Tifle			☐ DELETE	31 T#T		-			Change	Addition
NAME	n			3.2 NA		ADDRESS				
STREET ADDRES	5			3.4. CI						
TITLE			DELETE	4.1 111		11-211			Change	Addition
NAME				4. 2 NA	ME					
STREET ADDRES	5			4.3 ST	REET	ADDRESS				
CITY+ST-ZIP				4.4 CIT	[Y-\$	T-ZIP				
TITLE			DELETE	5.1 717	LE				Change	Addition
NAME				5.2 NA						
STREET ADDRES	\$			4		ADDRESS				
CITY - ST - ZIP			DELETE	5.4 CfT		T-ZIP			Change	Addition
TITLE			FT DECEIF	6.1 TIT					LI DIBINGE	CT MORROU
NAME 07054 LABORESO				6.2 NA		ADDDERD.				
STREET ADDRESS	>			•		ADDRESS				
City-St-Zif	1	mlined with their fillings	dage and such	6.4 CIT			ad in Section 119 07/3/(i) Florida Statuta	16	r portification	l the

6. I do horeby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LATOSHI 11DA 04/11/97 407-933-4878