

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M33351** (1)

1. Corporation Name

PICONE'S CHIROPRACTIC, REHABILITATION & SPORTS TRAINING NETWORK, INC.



Principal Place of Business

Mailing Address

**C/O JOSEPH V. PICONE
20488 W. DIXIE HWY.
N. MIAMI BCH. FL 33180**

**C/O JOSEPH V. PICONE
20488 W. DIXIE HWY.
N. MIAMI BCH. FL 33180**

3. Date Incorporated or Qualified

06/09/1986

3a. Date of Last Report

07/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2689301

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICONE, JOSEPH V.
20488 W. DIXIE HWY.
N. MIAMI BCH. FL 33180**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 for the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PST
PICONE, JOSEPH V.**
STREET ADDRESS **20488 W. DIXIE HWY.**
CITY-ST-ZIP **N. MIAMI BCH. FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
PICONE, JOSEPH V.**
STREET ADDRESS **20488 W. DIXIE HWY.**
CITY-ST-ZIP **N. MIAMI BCH. FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 NAME ☐ Change ☐ Addition

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 its 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

5/30/96

305-935-9599

DATE