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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

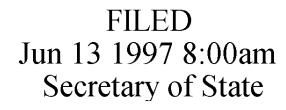
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M33351

PICONE'S CHIROPRACTIC, REHABILITATION & SPORTS T RAINING NETWORK, INC.

Principal Place of Business
C/O JOSEPH V. PICONE
20488 W. DIXIE HWY.

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 33180-1128				3. Date Incorporated or Qualified 06/09/1986	3a. Date of Last Report 08/08/1996			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For			
21			2	6				59-2689301		\Box	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			2	Crity & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24		Country 25	2:		30	Country 0	/		oration has liability for intangible tax under s. 199.032, stutes			
	9, Name	and Address of	Current Reg	gistered Agent				10. Name and Address of New Re	gistered A	lgent		
	CONE, JOSE					81	Name					
20488 W. DIXIE HWY. N. MIAMI BCH. FL 33180							Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
						83						
						84	City		FL	85 4	Zip Code	
office or	registered ag	ent, or both, in th	e State of Flo	d 607.1508, Floric orida. Such chan s of, Section 607.0	ge was aut	horized b	vithe corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	ourpose of the appo	changir cintmeni	ng its registered Las registered	
SIGNATURE								× × × × × × × × × × × × × × × × × × ×				
12.	Signature, typed	or printed name of regl:	RS AND DIF		(NOTE: R	legislereo Ap	ent signature requ	uired when roinstating)	DATE CDC AND	DIDEC	TODO IN 10	
TITLE	PST	OFFICE	NO KIYLI DIF	DE	I FTF	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ENS AND	Chan		
NAME		JOSEPH V.				1.2 NAME					igoracidon	
STREET ADDRESS	48466 11	DIXIE HWY.					ADDRESS					
CITY-ST-ZIP		BCH. FL				1.4 CITY - S						
TITLE	D			☐ DE	LETE	2.1 THLE				Chan	ige Addition	
NAME	PICONE,	JOSEPH V.				2.2 NAME						
STREET ADDRESS		. DIXIE HWY.				2.3 STREET	ADDRESS					
CITY-ST-ZIP	N. MIAMI	BCH. FL				2.4 CITY-	S1-7IP					
TITLE				DE	LETE	3.1 TITLE				Chan	ge 🔲 Addition	
NAME						3.2 NAME	ł					
STREET ADDRESS	;					3.3 STREET	ADDRESS					
CITY-ST-ZIP						3.4 CITY-	S1 - ZiP					
TITLE				☐ DEI	LETE	4.1 TITLE				Chan	ge 🔲 Addition	
NAME						4. 2 NAME						
STREET ADDRESS	i					4.3 STREET	ADDRESS					
CITY-ST-ZIP				TT ~~	(FYC	4.4 CITY - S	ST - ZIP				. 🗀 25.65	
TITLE				L. DEI	LEIE	5.1 TITLE				☐ Chan	ge [] Addition	
NAME						5.2 NAME						
STREET ADDRESS	•					5.3 STREET						
CITY-ST-ZIP	 			T pri	I E TE	5.4 CHY-S	ST-ZIP			Π Δ _{bc} .	an Tandor	
TITLE				∐ DEI	1010	61 TITLE				Chan	ge L Addition	
NAME OTDEET ADDRESS						62 NAME	4000100					
STREET ADDRESS						6.3 STREET						
CITY-ST-ZIP	1					6.4 CiTY - S	ST-ZIP					

14. 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 oath; that I am an officer or director of the computation of 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, in on an adaphment with an address.