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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90117 027 ***150.00

DOCUMENT # NACC

i. Corporatio	CHIROPRACTIC CENTER, I								
Principal Place of Business Mailing Address							i, 1981 8814 118 1814 81810 81111 818 81 11	ATI BIDI(BEBEL DIBIK S	AHDIH DIDIN BIDAN HADI
% KENNETH G 768 SOUTH CO W PALM BEAC		% KENNETH G. KAROW 768 SOUTH CONGRESS AVE. W PALM BEACH FL 33406-4126				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						ļ	08/01/1988		
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number		Applied For
21		26					65-0066784		Not Applicable
Suite, Apt.	#, etc		pt. #, etc.				5. Certificate of Status Desired		75 Additional
22		27					t. Commond or Charles Boomed	Fe	e Required
City & Stat	te	City & S	State				6. Election Campaign Financing		.00 May Be
23	Country	28		C			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	[Country			8. This corporation owes the current	year Intangible ☐ Yes	No
24	25 9. Name and Address of Curren	29 29 Accepted Accepted Accepted	30 tent	7			Personal Property Tax. 10. Name and Address of New Regi		
3. Name and Address of Current Registered Agent					Name			atorea Agent	
Karow, Kenneth G.									
768 S. CONGRESS AVE.					Street A	Address	s (P.O. Box Number is Not Acceptable) .	
W PALM BEACH FL 33406									
				84	City			FL 85 2	Zip Code
office or r agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such	change was author	orized by	the corpo	corpora oration's	ation submits this statement for the pure s board of directors. I hereby accept the	pose of changing	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Rec	gistered Agen	t signature re	equired wh	nen reinstating)	DATE	
12.	OFFICERS AN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.			ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE				☐ Char	
NAME.	KAROW, KENNETH G.			1.2 NAME					
STREET ADDRESS	768 S. CONGRESS AVE.			1.3 STREET	ADDRESS				
CITY-ST-ZIP	W PALM BEACH FL			1.4 CITY-ST	r-zip				
TITLE	ST		☐ DELETE	2.1 TITLE				☐ Char	nge 🔲 Addition
NAME	Karow, Kenneth G			2.2 NAME					
STREET ADDRESS	768 S. CONGRESS AVE			2.3 STREET	ADDRESS				
CITY-ST-ZIP -	-W-PALM-BEACH-FL			2. 4 CITY-S	T-ZIP	. ———			
TITLE		-	☐ DELETE	3.1 TITLE				☐ Char	nge
NAME			ı	3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP	·			3.4. CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TITLE	T			☐ Char	nge
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				44 CITY- ST	1.7IP				

14. I 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 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

□ DELETE

☐ Change

Change

☐ Addition

Addition