CR2E034 (5/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION ANNUAL REPORT
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

l i	MENT # M97430 AN CHIROPRACTIC HEALTH	• •	· ·· · · · · · · · · · · · · · · · ·	98 OCT 14 PM 3: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
C/O PETER W	DA BLVD. SUITE 3	Mailing Address C/O PETER WAKEMAN 1050 W GRANADA BLVD. SUI ORMOND BEACH FL 32174	TE 3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal F 21 Sulte, Apt. 22 City & Star 23 Zip 24	·	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 3	Country	Applied f or Not Applied by Section Campaign Financing Trust Fund Contribution This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Applied f or Not Applied f or Not Applied f or Not Applied for
50 H HOL	9. Name and Address of Curren EMAN, PETER HIGH RIDGE ROAD LY HILL FL 32117	and 607.1508, Florida Statules,	83 84 City	10. Name and Address of New Registered Agent dress (P.O. Box Number is Not Acceptable) Ring Cool D April 10 PL B5 Zip Code 72/1/4 oration submits this statement for the purpose of changing its registered
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signalum, typed or pouled name of registered agent OFFICERS ANI P WAKEMAN, PETER J. DR. 50 HIGH RIDGE ROAD	tions of, section 607.0505, Floridand title Kapplicable. (NOTE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change [] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLY HILL FL	[] DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	136 OLMWOOD DE ORMONO BUNSH, FT. 3217C Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		[]] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	200026556429 -10/16/9801078015 ****750.00 ****750.00 Change [] Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	· _	[] DELETE	4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5.3 STREET ADDRESS	Change [.] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby controlled to	ertify that the information supplied with	Ulis filing does not qualify for the	6.1 TITLE 6.2 NAME 6.3 STREE1 ADDRESS 6.4 CHY-ST-2IP exemption stated in se	Change Addition Change Addition Change Addition Change Addition Change Addition
an officer i	on this a nnual report or supplemental a or dir ect or of the corporation or the rec 2 or B lo ck 13 If changed, or on an attal	eiver or trustee empowered to e	e and that my signatur xecute this report as re	e shall have the same legal effect as it made under ball; that I am equired by Chapter 607, Florida Statutes; and that my name appears

Flow De man Perform Wakan un DC 12200 (gark 13420)