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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000006810 (4)

**1. Corporation Name
STREET CHIROPRACTIC CLINIC, INC.**



**Principal Place of Business
4260 W. 12TH AVE.
HIALEAH F: 33012**

**Mailing Address
4260 W. 12TH AVE.
HIALEAH F: 33012-4100**

3. Date Incorporated or Qualified: 01/22/1993
3a. Date of Last Report: 06/27/1996

2. Principal Place of Business
21 **1304 SW 160 AVENUE**
Suite, Apt. #, etc

2a. Mailing Address
26 **1304 SW 160 AVENUE**
Suite, Apt. #, etc

4. FEI Number: 65-0391612
Applied For: Not Applicable

22. SUITE 302
City & State

27. SUITE 302
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Sunrise FLA
Zip

28. Sunrise FL
Zip

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. 33326 **25. USA**

29. 33326 **30. USA**

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

**STREET, CARLA J
4260 W. 12TH AVE.
HIALEAH FL 33012**

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STREET, JAMES F	
STREET ADDRESS	14660 S. BECKLEY SQUARE	
CITY - ST - ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STREET, CARLA J	
STREET ADDRESS	14660 S. BECKLEY SQUARE	
CITY - ST - ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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 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, changes, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (305) 823-6470
Date Daytime Phone #

CR2E034 (9/96)