FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:58

DOCUMENT # P93000016676 (7)

1. Corporation Name
HI-TEK CHIROPRACTIC, INC.

Principal Place of Business
3801 N FEDERAL HWY
POMPANO BEACH FL 33064

Mailing Address
3801 N FEDERAL HWY
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified in Florida: 03/04/1993
3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0391334 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [X] Yes. [ ] No

2. Principal Place of Business
21
22
23
24 Zip
25 Country

2a. Mailing Address
26
27
28
29 Zip
30 Country

9. Name and Address of Current Registered Agent

HOROWITZ, HOWARD S
3801 N FEDERAL HWY
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(If changing Registered Agent, Registered Agent's signature required before mailing form) DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HOROWITZ, HOWARD S DR
STREET ADDRESS 3801 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
[ ] Change [ ] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[ ] Change [ ] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[ ] Change [ ] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
[ ] Change [ ] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[ ] Change [ ] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
[ ] Change [ ] Addition

14. I 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)(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 above, or on an attachment with all other like empowered.

SIGNATURE: [signature] 2/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date

305 781-9141
Daytime Phone #

010728 CR