

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
WALTER B. MURPHY  
GOVERNOR

APPROVED  
FILED

APR 19 1995

DOCUMENT # **P93000080670 (1)**

CHERYL L. SANDS, D.C., P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2871 N. OCEAN BLVD  
F227  
BOCA RATON FL 33431  
US

2871 N. OCEAN BLVD  
F227  
BOCA RATON FL 33431  
US

PLEASE PRINT OR TYPE IN THIS SPACE

3. Date of Incorporation or Qualification <b>11/16/1993</b>	3a. Date of Last Report <b>07/01/1994</b>
4. FIC Number <b>65-0450578</b>	Apply For Not Applicable
5. Certificate of Status Listed <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation is eligible for registration by proxy under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address
21. Principal Office City	26. Mailing Address City
22. Principal Office State	27. Mailing Address State
23. Principal Office Zip	28. Mailing Address Zip
24. _____	29. _____
25. _____	30. _____

9. Name and Address of Current Registered Agent

SANDS, CHERYL L  
2871 N. OCEAN BLVD.  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. \_\_\_\_\_  
84. City  
85. Zip Code

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the corporation hereby certifies the statement for the purpose of changing its registered office as registered agent of public in the State of Florida for the year authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby withdrawing my application for registration of this corporation.

SIGNATURE \_\_\_\_\_

12. ADDITIONAL REGISTERED AGENTS

NAME	D SANDS, CHERYL L 2871 N. OCEAN BLVD. BOCA RATON FL 33431
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL CHANGES TO REGISTERED AGENTS

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information appears on this filing is true and correct to the best of my knowledge and belief, and that I am not a disqualified person for the purposes stated in Section 607.01, Florida Statutes. I further certify that the information is complete and that the appointment is in compliance with the provisions of the Florida Statutes and that my signature shall have the same legal effect as if made in person. I understand that the filing fee for this report is \$225.00, as required by Chapter 607, Florida Statutes, and that the report appears on this filing is subject to the provisions of the Florida Statutes.

SIGNATURE *Cheryl Sands* CHERYL SANDS 4/19/95 (407)347-0077