Mailing Address

4384 NW 31 AVE

FT LAUDERDALE FL 33309

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400026175

1. Corporation Name

Principal Place of Business

FT LAUDERDALE FL 33309

4384 NW 31 AVE

GARY L. STEUBER, DC, P A

US	US			DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualifed	
				04/06/1994	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0487945	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	•	27		5. Certifcate of Status Desired	Fee Required
City'& State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29	30	Personal Property Tax.	∐Yes □No
127;	9. Name and Address of Current	_ 		10. Name and Address of New Registered	Agent
81 Name					
STEUBER, GARY L DC					
4384 NW 31 AVE				ress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33309					
ļ <u>-</u>			[33]		
]			84 City		85 Zip Code
FL S Exposes					
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 Florida Statutes.					
agent. I am familiar with and accept the offlightons of, sequips for 1.50 f					
SIGNATURE June 170 C Gary Steuber D.C. President 3/30/99					
SIGNATURE	Signature, tradit of printed partie of registered agent	t and title if applicable. (NOTE: F	Registered Agent signature require		
12.	() OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEUBER, GARY L		1.2 NAME		
STREET ADDRESS	4384 NW 31 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	•		2. 4 CITY-ST-ZIP	•	•
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME)	~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.2 NAME	• •	
			•		
STREET ADDRESS			3.3 STREET ADDRESS		
C/TY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE		□ cuande □ vaquidu
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	· ·		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	_	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
OWEEL WOOMESS			■·· -		

SIGNATURE:

14. I hereby certify that the information supplied with this filling 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 trusted 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 or an attachment with an address, with all other like empowered.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90098 001 ***150.00