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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # **P95000026842 (1)**1. Corporation Name

SHELLY DRANKO D.C., P.A.

	·									
Principal Place of Business Mailing Address						- 1007/0011110 15151	Billi Balik 89il	 	GIO DILO: IBI	II OLUIS IIOI IDBI
923 DEL PRADO BLVD SUITE 206 CAPE CORAL FL 33990		SUITE 206	923 DEL PRADO BLVD							
						3. Date incorporated of 03/31/1995	or Qualified	3a. Date	e of Last F	Report
r	ace of Business	2a. Mailing Address				4. FETNumber	411			Applied for
21		26	#			65-0484	1160			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, 8tc.			5. Certificate of Status	Desired			5 Additional Required
City & State		ama desales,com per a le le le	Oty & State			6. Election Campaign	Einancing			
23			28			Trust Fund Contribu		[]		May Be
Ζιp	Country	Zφ	Country	, .		8. This corporation ha	s liability for	intangible ta		
24	25	29	30			Florida Statutes	☑ Yes	[] No		
	9. Name and Address of Curre	ent Registered Agent		7		10. Name and Addres	ss of New F	legistered	Agent	
	A 61100111		81		Name					
	O, SHELLY		82		Street Addres	ess (P.O. Box Number is N	lot Acceptat	de)		
923 DEL PRADO BLVD SUITE 206 CAPE CORAL FL 33990			83							
OAIL C	OTAL TE 00990		84		City			FI	[85] Ži	p Code
11, Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above r	L nar	med corpora	ation submits this statemen	nt for the pur	rpose of cha	 anging its	reaistered office
or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was authoriz	red by the corp	ŊΩ	ation's board	d of directors. Thereby acc	ept the app	ointinent as	reg sterec	dagent. Lam
SIGNATURE	and doospectito obligations of, be-	or or our report in the contents.	•							
SIGNATURE	Signature, typed or printed name of registered ago	ot and the diagolicable (NC	OH: Registered Age:	d S	vgi ature, resugen a s			1140		
12.		ND DIRECTORS	13.			ADDITIONS/CHANG	SES TO OFF			
TIME	PDANKO CHELLA	[] DEFE LE	1 17111					ι	Change	Addition
NAME	DRANKO, SHELLY 923 DEL PRADO BLVD SUI	TC 000	1.2 NAME							
STREET ADDRESS	CAPE CORAL FL 33990	16, 200	1.3 STREET							
CHTY-ST-7IP THILE	VD	DELETE	1.4 C/TY - S 2 1 T/TLE	31-	Z!!			· · · · · · · · · · · · · · · · ·	Change	Add tion
NAME	NIELSEN, ERIC	Ш	2.2 NAME						_,	
STREET AUDRESS	4081 E RIVER		23 \$1911	I AE	DORESS.					
CITY-ST-7IP	FT MYERS FL 33916		2.4 C/1Y - S	81.	zin					
THILE	de manuelle III e dell'Accomment de l'article dell'article dell'articl	☐ DELETE	3 1 1.71.8						Change	Add tion
NAM(3.2 NAME							
STREET ADDRESS			33 SIMH	[A	.DDF4.55					
CITY-ST-7IP			3.4 CITY - S	ij÷.	Zif					
1ITLE		☐ DELEFE	4.1 1016					· ·	Change	☐ Addition
NAME OTHERS ADDIDEDS			4.2 NAME 4.3 STREET		natices					
STHEET ADDRESS CITY-ST-ZIP			4.3 SINEET							
TITLE		[] DELETE	5 1 T-1 LE]	Change	Addition
NAME			5.2 NAME							
STREET ACORESS		•	5.3 SIMEET	A[DOMESS.					
CITY-ST-ZIP			5.4 CHY-S	SI	70					
Hite		☐ DELETE	6. 1 THE					{	Change	☐ Addition
NAME			6.2 NAME							
STREET ACORESS			635FEET							
CITY-S1-7IP	y contifu that the information or self-	durith this files is not what for	€4 C/TY - S			e tres possessition at start in	Sportion 110	07/07/12 51-	vidir Ctat	too I further
certify that	ly certify that the information supplied the information indicated on this an	nual report or supplemental ann	iual report is tro	æ	and accurate	e and triat my signature st	na'l have the	same legal	effect as i	if made under
oath; that appears ir	Ham an officer or director of the com Block 12 or Block 13 if cha <u>ng</u> ed, o	poration or the receiver or truster on an attachment with an add	e empowered : ress.	10	execute this	report as required by One	apter 607, F1	orida Statut	es; and th	at my name
		11 à				2 10-0	/	an	フフつ	HUCT
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						3-19-9	<i>></i>	[4]	/ / <u>/</u>	1455
		J. J						•		