

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P95000048330 (1)**

95 SEP 16 PM 12:36

1. Corporation Name
NARANJA CHIROPRACTIC CENTER, INC.



Principal Place of Business
**27409-11 S DIXIE HWY
MIAMI FL 33032**

Mailing Address
**27409-11 S DIXIE HWY
MIAMI FL 33032**

500001958425
-09/27/96--01015--005
******225.00 ****225.00**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/21/1995

3a. Date of Last Report
06/21/1995

4. FEI Number
 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
 Yes No

9. Name and Address of Current Registered Agent
**BENEFIELD, BRUCE J
7800 W OAKLAND PARK BLVD SUITE 109
SUNRISE FL 33351**

10. Name and Address of New Registered Agent
81 Name
EDWARD BARANDIARAN
82 Street Address (P.O. Box Number is Not Acceptable)
27411 S DIXIE HWY.
83
84 City
NARANJA FL 85 State Code
33032

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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: *[Signature]*
Name: *[Typed Name]*

12. OFFICERS AND DIRECTORS

TITLE	AUGUST, CRAIG B	<input checked="" type="checkbox"/> DELETE
NAME	27409-11 S DIXIE HWY	
STREET ADDRESS	MIAMI FL 33032	
CITY - ST - ZIP		
TITLE	MILLER, JERRY	<input checked="" type="checkbox"/> DELETE
NAME	27409-11 S DIXIE HWY	
STREET ADDRESS	MIAMI FL 33032	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	EDWARD BARANDIARAN	
3. STREET ADDRESS	27411 S DIXIE HWY.	
4. CITY - ST - ZIP	NARANJA, FLA 33032	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

14. I do 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)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)