SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORA					NS 			
OCUM Corporation N		048657	(7)					
CHIROPR	ACTIC MANAGEMENT AD\	/ISORS, INC.						
incipal Place of Business Mailing Address								9
971 CROOKED LN TZ FL 33549		18971 CROOKED LN LUTZ FL 33549						
						3. Date Incorporated or Qualified 07/01/1995	<b>38.</b> Dat	e of Last Report
Principal Place of Business		2a. Mailing Address			4. FEI Number 59 - 333508	B	Applied For Not Applicate	
Suite Apt. #, etc.		26 Suite, Apt. #, etc				5. Certificate of Status Desired	<b></b>	\$8.75 Additional
Suite Apr. #,	e.c.	27						Fee Required
City & State		City & Stat	е			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability fo		lax under si 199 032 No
	25	[29]		30		Florida Statutes  10. Name and Address of New R	Yes Legistered A	
	9. Name and Address of Curren	Hegistered Agen		81	Name		=	
DEMARIA, MELISSA P 18971 CROOKED LN				82	Street Add	ress (P.O. Box Number is Not Accepta	ible)	
	FL 33549			83			<del></del>	
2012								85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Soffice or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607,050.</li> </ol>				84	1 1		FL	.
2	Signature Type Clor protection in afficials and Ago OFFICERS AN		(NOTE	13.	gal squarure requ	red when reinstatings ADDITIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTORS IN 12 Change Addit
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TY-ST-ZIP	LUTZ FL 33549	<del></del>	DELETE	1 4 CITY -	51 - ZIP		—т	
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SUNATURE AND TYPED OF PRINTED NAME OF SOLVING DEFICE OF DIRECTOR

SIGNAT(ÚRE: