FILE NOW: FILING FEE AFTER MAY 1ST IS \$10.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENE STATE

Sandra B. Monm

FILED

Mar 24 1998 8:00am

Secretary of State

Secretary of SI
DIVISION OF CORPCTIONS

1998
DOCUMENT #
1. Corporation Name

P97000000901 (3)

CAPE CORAL FAMILY CHIROPRACTIC, P.A.

Principal Plac	ce of Busines	s	<u> </u>	Mailing Address	·			IRO QUANT UBARA B	DEȘU ÎURIE UUIUI	
1510 HANCOCK BRIDGE PKWY #1				1510 HANCOCK BRIDGE PKWY				-		
CAPE CORAL FL 33990				CAPE CORAL FL 33990			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			-
9 Oringinal F	Diago of Busic		1 6	. Mailing Address			01/06/1997 4. FEI Number		Apr	olied For
2. Principal Place of Business				m. Mailing Address			60.0386212			Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4 30 3000 1101		\$8.75 A	
22]			5. Certificate of Status Desired	Ц	Fee Rec	ulred
City & State				City & State			6. Election Campaign Financing		\$5.00	May Be
23							Trust Fund Contribution		Added to	Fees
Zip		Country		Zip	Cotry	_	8. This corporation owes or has pa	aid the curre	ent year Inta	ngible
24	i	25	29		30		Personal Property Tax due June	30. L		No
	9. Name	and Address	of Current Regi	stered Agent			10. Name and Address of New Ro	gistered A	gent	
MA	YER, BILL				81	Name				
1510 HANCOCK BRIDGE PKWY #1						Street Add	ress (P.O. Box Number is Not Accepta	ble)		
CAPE CORAL FL 33990					82					
					83					Į.
ſ					84	City			85 Zip C	ode
						•		<u> </u>		
11. Pursuant	to the provisi	ons of Section	ns 607.0502 and the State of Flor	607.1508, Florida St	atutes, the ove	named corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of a	changing its sintment as i	registered
agent. I a	am f an yilliay wi	th sho sour	the obligations	of, Section 607.0505	, Florida Sutes	3.	(Iditio Bodies of Gillotte and Idition			1
SIGNATURE	nh	K M	alls	WILLIAM	R. AA	YER_	(PROPER NAME)	_3//	6148	
Signature, typed or printed name of registered agent and title if applicable (NOTE						nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 12
12.	<u></u>	- OFF	ICERS AND DIRE	-CTORS DELETE	13		ADDITIONS/CHANGES TO OFF	OLITO AIVD	Change	Addition
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NAME				percie		}				ļ
					6.2 NAME					
STREET ADDRESS					6.3 STREE	T ADDRESS				

6.4 CITY-S1-ZIP

14. I hereby certify that the information supplied with this filing 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 trustee 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 on an attachment with an address.

William & MAVER