

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90271 035 \*\*\*150.00

DOCUMENT # P 97000028202 ✓

1. Corporation Name

World Executive Chiropractic Center &  
Professional Association

Principal Place of Business

3500 N. St. Rd 7  
#440  
Lauderdale Lakes, FL  
33319

Mailing Address

3500 N. State Rd 7  
#440  
Lauderdale Lakes, FL  
33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/26/97

4. FEI Number

65-0749100

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 10240 W. Sample Rd

Suite, Apt. #, etc.

22 A

City & State

23 Coral Springs, FL

Zip

24 33065 25 USA

2a. Mailing Address

26 10240 W. Sample Rd

Suite, Apt. #, etc.

27 A

City & State

28 Coral Springs, FL

Zip

29 33065 30 USA

9. Name and Address of Current Registered Agent

Rapp, Bruce D.C.  
3500 N. State Road 7, #440  
Lauderdale Lakes, FL 33319

10. Name and Address of New Registered Agent

81 Name

Rapp, Bruce D.C.

82 Street Address (P.O. Box Number is Not Acceptable)

10240 W. Sample Rd.

83

Suite A

84 City

Coral Springs

FL

85 Zip Code

33065

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, Section 607.0505, Florida Statutes.

SIGNATURE

~~X~~ Bruce Rapp, D.C.

Bruce Rapp, D.C.

4/20/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME Rapp, Bruce D.C.  
STREET ADDRESS 3500 N. State Rd 7, #440  
CITY-ST-ZIP Lauderdale Lakes, FL 33319

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Rapp, Bruce D.C.  
1.3 STREET ADDRESS 10240 W. Sample Rd, Suite A  
1.4 CITY-ST-ZIP Coral Springs, FL 33065

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

~~X~~ Bruce Rapp, D.C.

Bruce Rapp, D.C., Pres. 4/20/99

Date

Daytime Phone #

954-267-7776

CR2E034 (11/98)