

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

FILED

Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000076050 (8)

1. Corporation Name
OSCEOLA CHIROPRACTIC ASSOCIATES, INC.



Principal Place of Business 909 EAST OAK ST., STE. A KISSIMMEE FL 34744	Mailing Address 909 EAST OAK ST., STE. A KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1997

2. Principal Place of Business 21 3104 17 STREET Suite, Apt. #, etc. 22 City & State 23 St Cloud FL Zip 24 34769 Country 25 USA	2a. Mailing Address 26 909 EAST OAK ST Suite, Apt. #, etc. 27 Suite A City & State 28 Kissimmee FL Zip 29 34744 Country 30 USA
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4. FEI Number 593468501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRASSO, CARINA
415 SYCAMORE ST.
CELEBRATION FL 34747

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0504 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/98

12. OFFICERS AND DIRECTORS

TITLE	Susan Powell Yates	<input type="checkbox"/> DELETE
NAME	909 EAST OAK ST #A	
STREET ADDRESS	Kissimmee FL 34744	
CITY-ST-ZIP		
TITLE	Louis A. Grasso (pres)	<input type="checkbox"/> DELETE
NAME	415 Sycamore Street	
STREET ADDRESS	Celebration FL 34747	
CITY-ST-ZIP		
TITLE	Carina Ortega Grasso (Secretary)	<input type="checkbox"/> DELETE
NAME	415 Sycamore Street	
STREET ADDRESS	Celebration, FL 34747	
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

1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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.

SIGNATURE

Carina Ortega Grasso 2/15/98

CR2E034 (10/97)