SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

MH DA

99 JUL 29 PH 3: 35

1999 DOCUMENT # P98000062131 - SECHERU - - STATE TALLAHAĞSEÉ, FLORIDA ACUPUNCTURE-HEALTH-HEALING CENTER (A TOP DOG COR PORATION) Principal Place of Business Mailing Address SIMM GOTTESMAN, C.A. SIMM GOTTESMAN. C.A. 8904-F SW 22 STREET BOCA RATON FL 33433 8904-F SW 22 STREET BOCA RATON FL 33433 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/14/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P2-0881333 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes the current year Yes I No 24 25 29 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GOTTESMAN, SIMM 82 Street Address (P.O. Box Number is Not Acceptable) 8904-F SW 22 STREET **BOCA RATON FL 33433** 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE 1 1 TITLE PRES SECTTRES Change Addition __ DELETE GOTTESMAN, SIMM 8904-F S.W. 22" NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS BOCK RUTON. FL 3343:3 1 4 CITY-ST-ZIP CITY-ST-ZIP 21 TITLE TITLE DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRÉSS ****150.00 ****150.00 CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME ! 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZiP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE 6 1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP erty-ST-ZIP

14. Dereby 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 frue 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:

(2/3)CR2E034 Townom of may concum,

I navetried to content the office to speak to someone directly. Unfortunately, I was only able to reach recordings and left a message. Please understand that I was in a very traumatic conaccident in April and Thave been unable to take care of my financial affairs and responsibilities. I have been in the Hospital, for surgery 2 recovery time has been long. I have been counseled to regulat an Abatement of the late fel due to this reasonable cause. I am enclosing a copy of my ambulance otaim— Enclosed is a check for \$150.00 I am yecovering at my parents and can be reamed at (56) 746-5272