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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P98000072831**

1. Corporation Name
CHIRP CHIROPRACTIC SALES, INC.

Principal Place of Business	Mailing Address
C/O ROBERT J. CULIG 15 S WESTMONTE DR.SUITE L-WESTMONTE PLAZA ALTAMONTE SPRINGS FL 32714	C/O ROBERT J. CULIG 15 S WESTMONTE DR.SUITE L-WESTMONTE PLAZA ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/17/1998

2. Principal Place of Business: 21 195 S. Westmonte Dr. / 22 Suite L - Westmonte Plaza / 23 Altamonte Springs, FL / 24 32714 / 25 U.S.A.

2a. Mailing Address: 26 195 S. Westmonte Dr. / 27 Suite L - Westmonte Plaza / 28 Altamonte Springs, FL / 29 32714 / 30 U.S.A.

4. FEI Number: 52-2125603 ☐ 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

9. Name and Address of Current Registered Agent

CULIG, ROBERT J
195 S. WESTMONTE DRIVE
SUITE L
ALAMENTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Culig, Robert J.
82 Street Address (P.O. Box Number is Not Acceptable): 195 S. Westmonte Drive
83: Suite L
84 City: Altamonte Springs FL 85 Zip Code: 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition P Robert J. Culig 195 S. Westmonte Dr. Ste. L Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition S Tami L. Culig 755 Alpine St. E. Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	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: Robert J. Culig ROBERT J. CULIG 4-7-99 407-682-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)