

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

**FILED**  
**Feb 13 1998 8:00 am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S19068 (3)** *NC 12/1/97*

1. Corporation Name  
~~THE WROLEY CENTRE FOR CLASSICAL ACUPUNCTURE IN~~  
~~OF FIVE ELEMENT ACUPUNCTURE~~  
~~CLINIC, INC.~~

Principal Place of Business Mailing Address

6175 NW 153RD STREET SUITE 324 MIAMI LAKES FL 33014

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DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
1170-A E. Hallandale Beach Blvd		1170-A E. Hallandale Beach Blvd		12/14/1990		65-0230782		Not Applicable	
City & State: Hallandale FL		City & State: Hallandale FL		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Zip: 33009 Country: USA		Zip: 33009 Country: USA		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHASE, ALAN 9400 SOUTH DADELAND BLVD #600 MIAMI FL 33156				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ (NOTE - Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D REZBEJM DIRUT	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6175 NW 153 ST SUITE 324	1.2 NAME	Dorit Reznek
CITY-ST-ZIP	MIAMI LAKES FL	1.3 STREET ADDRESS	1170-A E. Hallandale Beach Blvd
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Carol Sigler
STREET ADDRESS		2.3 STREET ADDRESS	81 Gould St, <del>PO Box 2065</del>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	East Hampton, NY 11937
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	000002430840
CITY-ST-ZIP		6.3 STREET ADDRESS	-02/16/98--01009--005
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	***150.00

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: *Dorit Reznek* **DORIT REZNEK** 2/9/98 (954) 456-6336

CR2E034 (10/97)