


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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90010 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S21217**

1. Corporation Name  
**BRUCE J. KELSON, D.C., P.A.**

Principal Place of Business 9485 SUNSET DRIVE SUITE A-140 MIAMI FL 33173	Mailing Address 9485 SUNSET DRIVE SUITE A-140 MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/27/1990</b>	
4. FEI Number <b>65-0232805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>9485 Sunset Drive</b> Suite, Apt. #, etc. 22 <b>Ste A-140</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33173</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>9485 Sunset Drive</b> Suite, Apt. #, etc. 27 <b>Ste A-140</b> City & State 28 <b>Miami FL</b> Zip 29 <b>33173</b> Country 30 <b>USA</b>	9. Name and Address of Current Registered Agent <b>KELSON, BRUCE J.</b> <b>1091 DEERWOOD LANE</b> <b>WESTON FL 33326</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 Bruce J. Kelson D.C., P.A. DATE 1-4-99  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSON, BRUCE J.	1.2 NAME	
STREET ADDRESS	9485 SUNSET DR.#A140	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSON, BRUCE J.	2.2 NAME	
STREET ADDRESS	9485 SUNSET DR.#A140	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSON, BRUCE J.	3.2 NAME	
STREET ADDRESS	9485 SUNSET DRIVE, #A140	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Bruce J. Kelson D.C., P.A. DATE 1-4-99 DAYTIME PHONE # 305-271-1600  
Signature and typed or printed name of signing officer or director

CR2E034 (1/1/98)