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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOC 1. Corp

(9)

FILED Jan 31 1997 8:00am Secretary of State

CUMENT # oration Name	S39775	
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BERL A. MICHEL, D.C., P.A.

								# #	#
Principal Place	e of Business	Mailing Address				4 14.01.010 14.01 11110 10141 16.041 01111 0	init diati d	Tibli bibir bibi	19 81811 (88)
			es northlake blvd. Alm Beach Gardens fl 33410-8251						
					÷	3. Date Incorporated or Qualified 03/13/1991	3a. Da	ate of Last 1 15/1996	Report
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				65-0250776		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired	LJ	Fee R	berlupe
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry	7	8. This corporation has liability for in	itangible	tax under	s. 199.032,
24	25	29	30					No No	
	9. Name and Address of Cu	rrent Registered Agent			·	10. Name and Address of New Reg	Istered	Agent	
	HEL, BERL A.			81	Name		•		
	3 NORTHLAKE BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
PALI	M BEACH GARDENS FL 334	10					-7		
				83					
				84	City			85 Zip	Code
				U 7	Oily		FL	. 69 210	Code
11. Pursuant t	to the provisions of Sections 607	0502 and 607.1508, Florida Si	tatutes, the al	you	e-named cor	poration submits this statement for the pu	rpose of	f changing	its registered
agent. La	egistered agent, or both, in the S m familiar with, and accept the o	tate of Fioridal Such change v bligations of, Section 607,0505	vas autnorize 5. Florida Stat	a by utes	y the corpora s.	ation's board of directors. I hereby accept	ine app	ointment as	s registered
SIGNATURE	•	y							
	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE: Registered	gA t	ent signature requ	ulred when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	
THILE	D	☐ DELETE	1.1 Tr	ΓLE				Change	Addition
NAME	MICHEL, BERL A.		1.2 N/	ME					
STREET ADDRESS	4263 NORTHLAKE BLVD.		1.3 \$7	1.3 STREET ADDRESS					
CITY-ST-7iP	PALM BEACH GARDENS F	L 33410	1.4 CI	TY - S	ST-ZIP				
THILE		☐ DELETE	2.1 Ti	TLE				Change	Addition
NAME			2.2 N	ME					
STREET ADDRESS			2.3 \$1	REET	I ADDRESS				
CITY-ST-ZIP			2.40	TY - \$	ST - ZIP		1 Co		
TITLE		☐ DELETE						☐ Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TO	ΓLE			***************************************	Change	Addition
NAME			4. 2 N	AME	1				
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIF					ST-ZIP				
TITLE		DELETE						Change	Addition
NAME			5.2 NA	ME				٠	
STREET ADORESS			l l		ADDRESS				
CITY - ST-ZIP					ST-ZIP				
TITLE		DELETE						Change	Addition
NAME			6.2 NA						

14. I do 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP