


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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S63885 (5) 1. Corporation Name CRYSTAL LAKES FAMILY CHIROPRACTIC CENTER, INC.			
Principal Place of Business 821 W SAMPLE ROAD S1700 POMPANO BEACH FL 33064 US		Mailing Address 1100 PARK CENTRAL BLVD. SOUTH S1700 POMPANO BEACH FL 33064-2211	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 821 W. SAMPLE ROAD Suite, Apt. #, etc. 27 City & State 28 POMPANO BEACH FL Zip 29 33064 Country 30 USA	
9. Name and Address of Current Registered Agent GOLDSTEIN, CLIFFORD A., D.C. 821 W SAMPLE RD POMPANO BEACH FL 33064		3. Date Incorporated or Qualified 06/28/1991 3a. Date of Last Report 05/09/1996 4. FEI Number 65-0283016 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS 11. Title NAME STREET ADDRESS CITY - ST - ZIP 12. Title NAME STREET ADDRESS CITY - ST - ZIP 13. Title NAME STREET ADDRESS CITY - ST - ZIP 14. Title NAME STREET ADDRESS CITY - ST - ZIP 15. Title NAME STREET ADDRESS CITY - ST - ZIP 16. Title NAME STREET ADDRESS CITY - ST - ZIP 17. Title NAME STREET ADDRESS CITY - ST - ZIP 18. Title NAME STREET ADDRESS CITY - ST - ZIP 19. Title NAME STREET ADDRESS CITY - ST - ZIP 20. Title NAME STREET ADDRESS CITY - ST - ZIP 21. Title NAME STREET ADDRESS CITY - ST - ZIP 22. Title NAME STREET ADDRESS CITY - ST - ZIP 23. Title NAME STREET ADDRESS CITY - ST - ZIP 24. Title NAME STREET ADDRESS CITY - ST - ZIP 25. Title NAME STREET ADDRESS CITY - ST - ZIP 26. Title NAME STREET ADDRESS CITY - ST - ZIP 27. Title NAME STREET ADDRESS CITY - ST - ZIP 28. Title NAME STREET ADDRESS CITY - ST - ZIP 29. Title NAME STREET ADDRESS CITY - ST - ZIP 30. Title NAME STREET ADDRESS CITY - ST - ZIP 31. Title NAME STREET ADDRESS CITY - ST - ZIP 32. Title NAME STREET ADDRESS CITY - ST - ZIP 33. Title NAME STREET ADDRESS CITY - ST - ZIP 34. Title NAME STREET ADDRESS CITY - ST - ZIP 35. Title NAME STREET ADDRESS CITY - ST - ZIP 36. Title NAME STREET ADDRESS CITY - ST - ZIP 37. Title NAME STREET ADDRESS CITY - ST - ZIP 38. Title NAME STREET ADDRESS CITY - ST - ZIP 39. Title NAME STREET ADDRESS CITY - ST - ZIP 40. Title NAME STREET ADDRESS CITY - ST - ZIP 41. Title NAME STREET ADDRESS CITY - ST - ZIP 42. Title NAME STREET ADDRESS CITY - ST - ZIP 43. Title NAME STREET ADDRESS CITY - ST - ZIP 44. Title NAME STREET ADDRESS CITY - ST - ZIP 45. Title NAME STREET ADDRESS CITY - ST - ZIP 46. Title NAME STREET ADDRESS CITY - ST - ZIP 47. Title NAME STREET ADDRESS CITY - ST - ZIP 48. Title NAME STREET ADDRESS CITY - ST - ZIP 49. Title NAME STREET ADDRESS CITY - ST - ZIP 50. Title NAME STREET ADDRESS CITY - ST - ZIP 51. Title NAME STREET ADDRESS CITY - ST - ZIP 52. Title NAME STREET ADDRESS CITY - ST - ZIP 53. Title NAME STREET ADDRESS CITY - ST - ZIP 54. Title NAME STREET ADDRESS CITY - ST - ZIP 55. Title NAME STREET ADDRESS CITY - ST - ZIP 56. Title NAME STREET ADDRESS CITY - ST - ZIP 57. Title NAME STREET ADDRESS CITY - ST - ZIP 58. Title NAME STREET ADDRESS CITY - ST - ZIP 59. Title NAME STREET ADDRESS CITY - ST - ZIP 60. Title NAME STREET ADDRESS CITY - ST - ZIP 61. Title NAME STREET ADDRESS CITY - ST - ZIP 62. Title NAME STREET ADDRESS CITY - ST - ZIP 63. Title NAME STREET ADDRESS CITY - ST - ZIP 64. Title NAME STREET ADDRESS CITY - ST - ZIP 65. Title NAME STREET ADDRESS CITY - ST - ZIP 66. Title NAME STREET ADDRESS CITY - ST - ZIP 67. Title NAME STREET ADDRESS CITY - ST - ZIP 68. Title NAME STREET ADDRESS CITY - ST - ZIP 69. Title NAME STREET ADDRESS CITY - ST - ZIP 70. Title NAME STREET ADDRESS CITY - ST - ZIP 71. Title NAME STREET ADDRESS CITY - ST - ZIP 72. Title NAME STREET ADDRESS CITY - ST - ZIP 73. Title NAME STREET ADDRESS CITY - ST - ZIP 74. Title NAME STREET ADDRESS CITY - ST - ZIP 75. Title NAME STREET ADDRESS CITY - ST - ZIP 76. Title NAME STREET ADDRESS CITY - ST - ZIP 77. Title NAME STREET ADDRESS CITY - ST - ZIP 78. Title NAME STREET ADDRESS CITY - ST - ZIP 79. Title NAME STREET ADDRESS CITY - ST - ZIP 80. Title NAME STREET ADDRESS CITY - ST - ZIP 81. Title NAME STREET ADDRESS CITY - ST - ZIP 82. Title NAME STREET ADDRESS CITY - ST - ZIP 83. Title NAME STREET ADDRESS CITY - ST - ZIP 84. Title NAME STREET ADDRESS CITY - ST - ZIP 85. Title NAME STREET ADDRESS CITY - ST - ZIP 86. Title NAME STREET ADDRESS CITY - ST - ZIP 87. Title NAME STREET ADDRESS CITY - ST - ZIP 88. Title NAME STREET ADDRESS CITY - ST - ZIP 89. Title NAME STREET ADDRESS CITY - ST - ZIP 90. Title NAME STREET ADDRESS CITY - ST - ZIP 91. Title NAME STREET ADDRESS CITY - ST - ZIP 92. Title NAME STREET ADDRESS CITY - ST - ZIP 93. Title NAME STREET ADDRESS CITY - ST - ZIP 94. Title NAME STREET ADDRESS CITY - ST - ZIP 95. Title NAME STREET ADDRESS CITY - ST - ZIP 96. Title NAME STREET ADDRESS CITY - ST - ZIP 97. Title NAME STREET ADDRESS CITY - ST - ZIP 98. Title NAME STREET ADDRESS CITY - ST - ZIP 99. Title NAME STREET ADDRESS CITY - ST - ZIP 100. Title NAME STREET ADDRESS CITY - ST - ZIP			
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.			
SIGNATURE: <u>Clifford A. Goldstein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)