SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

では、品を教を関するでいばれて、日本のとかまるはないので

東京の教育でありませんが、これでは、東京の大学、東京の大学、大学の教育をおいれてあれるのでは、大学の大学の大学の大学の大学の大学の大学の大学の大学の教育をはなっています。

1000年後の日本



FLORIDA DEPARTMENT OF STATE

Sandra B. Mořtham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(1)

MONAHAN CHIROPRACTIC, P.A.

APPROVED AND FILED

1997 OCT 23 PM 3: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



								<u> </u>	
Principal Place of Business Mailing Address									
4022 BLANDI		4022 BLANDING BLVD.							
JACKSONVILI	LE FL 32210	JACKSONVILLE FL 32210							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 04/27/1992		of Last Report	
6 Principal P	lace of Business	2a Mailing Address	2a. Mailing Address			4. FEI Number	1 01/00	Applied For	
·	INCO OI DUSILIOSS	⊢				NOT APPLICABLE Not Applicable			
Suite, Apt.	# ata	26 Suito Ant #Loto	Suite, Apt. #, etc.			HOT ALL LIOADEL		8.75 Additional	
_ '	₩, B(¢.		27			5. Certificate of Status Desired		Fee Required	
City & State	Δ	City & State				6 Firsting Compaign Financing	<u> </u>	\$5.00 May Be	
23		28				 Election Campaign Financing Trust Fund Contribution 		Added to Fees	
Zip	Country	Zip Country				This corporation owes or has paid the current year Intangible			
24	25		30	¬ '		Personal Properly Tax due June 30. Yes No			
	g. Name and Address of Curren		- T			10. Name and Address of New Registered Agent			
MO	MAHAN, STEPHEN M. D.C.	· · · · · · · · · · · · · · · · · · ·		31	Name				
4022 BLANDING BLVD.					Otront Antalona	A Address (D.O. Barry New York St. Mart Association)			
JA(CK SONVILLE FL 32210		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
			83						
			ļ.,		-				
					City		FL °	1 1	
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 each accept the obligations of Section 602.0505, Florida Statutes.									
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 602,0505. Florida Statutes									
SIGNATURE X 4/1 [7]									
Signature, Voer or printed name of registered agent and title if applicable. (NOTE: Re					Signature required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	MONAHAN, STEPHEN M.		1.1 TITL	1.1 TITLE			لسا	Change Addition	
name	4022 BLANDING BLVD.		1.2 NAM	1.2 NAME					
STREET ADDRESS	JACKSONVILLE FL		1.3 STR	1.3 STREET ADDRESS			^	0 60	
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP			A	10X 2 X 1	
TITLE	MONAHAN, NANCY N.	DELETE	2.1 TITLE		· ·	EINSTATEME		Adoltion	
NAME	4022 BLANDING BLVD.		2.2 NAM	1E		FINSIAILME	171	10	
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CITY-ST-ZIP	BAONSOITVILLE I'L		2. 4 CIT		- ZIP				
TITLE		☐ DELETE	3.1 TITL					Change Addition	
NAME			3.2 NAN	_		5000023 -10/24/9	2 247	(2p)	
STREET ADDRESS			3.3 STR			-10/ -24 /3	1 UU 44) DOTTUUD	
CITY-ST-ZIP		- I process	3.4. CIT		- ZIP	****750		***750.00	
TITLE 💃		☐ DELETE	4.1 TITL	-			Ш	Change	
NAME	•		4. 2 NAI					}	
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TITLE		☐ DELETE	5.1 TITL	9 100	ty.	Bar mayer.	LJ	Change Addition	
NAME			5.2 NAÑ		A.	STATE OF THE STATE	<		
STREET ADDRESS			5.3 STR		1	المستقدمة المستقدين المشاركة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة ا	nical description to the last	State of State Sta	
CMY-ST-ZIP		T brueze	5.4 CITY		ŽIP				
TITLE		☐ DELETE	6.1 TITE				LJ	Change L. Addition	
NAME			6.2 NAN						
STREET ADDRESS	,				DDRESS				
CITY-ST-ZIP			6.4 CITY	/-\$T-	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.