	Annual Report Form 195 Due No Later Than November 30.		nd Office NOT A P.O. BOX
Return to:	1. Mailing Address - Please Correct, If Not Correct	C C WILCH	16M NKLIN RD STE B
SECRETARY OF STATE 700 WEST JEFFERSON	CHIROPRACTIC ACADEMY OF HOME		AVETA AN DIE D
PO BOX 83720 BOISE, ID 83720-0080		BOISE	ID 83705
NO FEE REQUIRED	6536 STADIUM DRIVE		
		3. Organized Under t	
* FIRST NOTICE *	ZEPHYRHILLS F_ 53540	10	C 92838
Corporations: Enter Names and I Limited Liability Companies: Ente	Business Addresses of President, Secretary and Directors or Names and Addresses of D Managers or D Membe	ers (check one)	
Office held Name	Street or P.O. Address	City	State Zip
resident/Sec + E	aniel PToule & 653	6 Stadie	m Onive
P/Treasurer R	obert Fady De 490. Belleaire Bluffs	F. FL 34	n Koeker rd
Signature of New Registered	Agent 6.		
Signature of New Registered	Signature Canal	Trace Con D	7/20/98
	Signature Concel P. To		7/20/98
Signature of New Registered 155UED: 07-03-1	Signature Concel P. To		7/20/98