

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003543 (2)**
1. Corporation Name

CANCER RESEARCH NETWORK, INC.



Principal Place of Business CHANGE BELOW CONCORDE CENTER II, SUITE 210 2999 NE 191ST STREET AVENTURA FL 33180	Mailing Address CONCORDE CENTER II, SUITE 210 2999 NE 191ST STREET AVENTURA FL 33180
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3. Date Incorporated or Qualified 06/19/1997	
4. FEI Number 31-1540728	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 1200 N. FEDERAL HWY Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD, FL Zip 24 33020	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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5. Certificate of Status Desired <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SILVA, MICHAEL A 201 SOUTH BISCAYNE BLVD. SUITE 1500 MIAMI FL 33131

10. Name and Address of New Registered Agent 81 Name LOUISE MILONE, DIR. OF DEV. 82 Street Address (P.O. Box Number is Not Acceptable) 1200 N. FEDERAL HWY 83 84 City HOLLYWOOD FL 85 Zip Code 33020
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/11/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D JOSEPH, MICHAEL
STREET ADDRESS	8201 W BROWARD BLVD
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	<input type="checkbox"/> DELETE
NAME	VICE CHAIR SCHEPPS, JUDGE D
STREET ADDRESS	19195 MYSTIC POINT DR APT 2206
CITY-ST-ZIP	AVENTURA FL 33180-4509
TITLE	<input type="checkbox"/> DELETE
NAME	TREASURER BELL, DAVID
STREET ADDRESS	3001 AVENTURA BLVD
CITY-ST-ZIP	AVENTURA FL 33150
TITLE	<input type="checkbox"/> DELETE
NAME	CHAIR TISHMAN, WILLIAM
STREET ADDRESS	6700 STIRLING ROAD
CITY-ST-ZIP	DAVID FL 33314
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY ADLER, ELAINE
STREET ADDRESS	20801 BISCAYNE BLVD STE 445
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	D KAMINSKY, IRA
STREET ADDRESS	MIRAMAR HIGH SCHOOL, 3801 SW 89TH AVE
CITY-ST-ZIP	MIRAMAR FL 33325

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D DONALD TUCKERMAN
1.3 STREET ADDRESS	16071 VIA MONTEVERDE
1.4 CITY-ST-ZIP	DELRAY BLH, FL 33446
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D PHYLLIS BEAN, ESQ.
2.3 STREET ADDRESS	3500 MYSTIC POINT DR. # 3308
2.4 CITY-ST-ZIP	AVENTURA, FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **2/11/98**

CR2E037 (10/97)