

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90227 011 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003543**

1. Corporation Name  
**CANCER RESEARCH NETWORK, INC.**

Principal Place of Business 1200 N FEDERAL HWY HOLLYWOOD FL 33020 US	Mailing Address 1200 N FEDERAL HWY HOLLYWOOD FL 33020 US
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2. Principal Place of Business 21 <b>111 S. 17th AVENUE</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>111 S. 17th AVENUE</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>06/19/1997</b>
23 <b>HOLLYWOOD, FL</b> City & State 24 <b>33020</b> Zip 25 <b>U.S.A.</b> Country	28 <b>HOLLYWOOD, FL</b> City & State 29 <b>33020</b> Zip 30 <b>U.S.A.</b> Country	4. FEI Number <b>31-1540728</b> Applied For Not Applicable
9. Name and Address of Current Registered Agent <b>MILONE, LOUISE</b> 1200 N FEDERAL HWY HOLLYWOOD FL 33020		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name <b>FRANCE BEAULIEU-GRANADO</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>111 S. 17th AVENUE</b>
83	84 City <b>HOLLYWOOD</b> FL 85 Zip Code <b>33020</b>

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 France Beaulieu-Granado  
 Signature, typed or printed name of registered agent and title if applicable

DATE 2-24-99  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TUCKERMAN, DONALD</b>		1.2 NAME	
STREET ADDRESS <b>16071 VIA MONTEVERDE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH FL 33446</b>		1.4 CITY-ST-ZIP	
TITLE <b>VC</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCHEPPS, JUDGE D</b>		2.2 NAME <b>ANDREW GOLD</b>	
STREET ADDRESS <b>19195 MYSTIC POINT DR APT 2206</b>		2.3 STREET ADDRESS <b>KLUGER, PERETZ, KAPLAN &amp; BERLIN, P.A.</b>	
CITY-ST-ZIP <b>AVENTURA FL 33180-4509</b>		2.4 CITY-ST-ZIP <b>1 E. BROWARD BLVD, SUITE 1701</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BELL, DAVID</b>		3.2 NAME <b>HARRIET ROBIN</b>	
STREET ADDRESS <b>3001 AVENTURA BLVD</b>		3.3 STREET ADDRESS <b>NORTHERN TRUST BANK</b>	
CITY-ST-ZIP <b>AVENTURA FL 33150</b>		3.4 CITY-ST-ZIP <b>3001 AVENTURA BLVD.</b>	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TISHMAN, WILLIAM</b>		4.2 NAME <b>MEDICAL RESEARCH INDUSTRIES</b>	
STREET ADDRESS <b>6700 STIRLING ROAD</b>		4.3 STREET ADDRESS <b>3101 SW 10th ST.</b>	
CITY-ST-ZIP <b>DAVID FL 33314</b>		4.4 CITY-ST-ZIP <b>POMPANO BEACH, FL 33069-4800</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ADLER, ELAINE</b>		5.2 NAME <b>AVENTURA MARKETING COUNCIL</b>	
STREET ADDRESS <b>20801 BISCAYNE BLVD STE 445</b>		5.3 STREET ADDRESS <b>3575 NE 207 ST, SUITE B16</b>	
CITY-ST-ZIP <b>AVENTURA FL 33180</b>		5.4 CITY-ST-ZIP <b>AVENTURA, FL 33180</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAMINSKY, IRA</b>		6.2 NAME <b>VC</b>	
STREET ADDRESS <b>MIRAMAR HIGH SCHOOL, 3601 SW 89TH AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIRAMAR FL 33325</b>		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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)