


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
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95 APR 26 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P13657** (2)  
1. Corporation Name  
**THERA-KINETICS, INC.**

Principal Place of Business Mailing Address  
**1300 RT 73 MOUNT LAUREL NJ 08054** **1300 RT 73 MOUNT LAUREL NJ 08054**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/18/1987		05/20/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		22-2669357		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
<input type="checkbox"/>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Certificate of Status Desired				6. Election Campaign Financing Trust Fund Contribution			
<input type="checkbox"/>				<input type="checkbox"/>			
				\$8.75 Additional Fee Required			
				\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANTI, BETH	1.2 NAME	D Don Ayers
STREET ADDRESS	702 W. JACKSON AVE	1.3 STREET ADDRESS	6125 Memorial Drive
CITY-ST-ZIP	MAGNOLIA NJ	1.4 CITY-ST-ZIP	Dublin, OH 43017
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBRICK, JEROLD	2.2 NAME	P Craig Porter
STREET ADDRESS	22 SOUTHWOOD DRIVE	2.3 STREET ADDRESS	715 Grandyline Ave
CITY-ST-ZIP	CHERRY HILL NJ	2.4 CITY-ST-ZIP	Moorestown, NJ 08057
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALUSTYAN, BERDJ	3.2 NAME	V Jack Brown
STREET ADDRESS	3 ROSEWOOD LANE	3.3 STREET ADDRESS	511 S. 18th Street
CITY-ST-ZIP	MOORESTOWN NJ	3.4 CITY-ST-ZIP	Philadelphia, PA 19146
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMELMAN, RICHARD	4.2 NAME	
STREET ADDRESS	16 JOHN LENHARDT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON SQ NJ	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBRICK, JEROLD	5.2 NAME	D
STREET ADDRESS	4800 HARBOUR BCH BLVD	5.3 STREET ADDRESS	22 Southwood Drive
CITY-ST-ZIP	BRIGANTINE NJ	5.4 CITY-ST-ZIP	Cherry Hill, NJ 08002
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMAN, S. LAWRENCE	6.2 NAME	
STREET ADDRESS	1411 WALNUT ST #1014	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: \_\_\_\_\_ Date: 1-19-95 Signature # 609-778-1166