

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P13657 (2)**

1. Corporation Name
THERA-KINETICS, INC.



Principal Place of Business: 1300 RT 73 MOUNT LAUREL, NJ. 08054
Mailing Address: 1300 RT 73 MOUNT LAUREL, NJ. 08054

3. Date Incorporated or Qualified: **03/18/1987**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **22-2669357**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: **BURLINGTON**
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: **BURLINGTON**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: **FL** 85 Zip Code:

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYERS, DON	1.2 NAME	LANCE POULSEN
STREET ADDRESS	6125 MEMORIAL DRIVE	1.3 STREET ADDRESS	6125 MEMORIAL DRIVE
CITY- ST- ZIP	DUBLIN OH	1.4 CITY- ST- ZIP	DUBLIN, OH 43017
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, CRAIG	2.2 NAME	REBECCA PARFET
STREET ADDRESS	715 BRANDWINE DRIVE	2.3 STREET ADDRESS	6125 MEMORIAL DRIVE
CITY- ST- ZIP	MOORESTOWN NJ	2.4 CITY- ST- ZIP	DUBLIN OH 43017
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JACK	3.2 NAME	
STREET ADDRESS	511 S 18TH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	3.4 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBRICK, JEROLD	5.2 NAME	
STREET ADDRESS	22 SOUTHWOOD DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHERRYHILL NJ	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAIMAN, 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 119.07(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: *Jack N. Brown* 4-25-96 601 778 1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time #

CR2E034 (12/95)