


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Thera-Kinetics, Inc	26 Thera-Kinetics, Inc			03/18/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 PO Box 5050 (55 Carnegie Plaza)		27 PO Box 5050		22-2669357	
City & State		City & State		Applied For	
23 Cherry Hill NJ		28 Cherry Hill NJ		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 08034	25 USA	29 08034-5050	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D AYERS, DON 6125 MEMORIAL DRIVE DUBLIN OH	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P PORTER, CRAIG 715 BRANDWINE DRVE MOORESTOWN NJ	2.1 TITLE -P.D.	Porter, Craig - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	PO Box 5050 (55 Carnegie Plaza)
STREET ADDRESS		2.3 STREET ADDRESS	Cherry Hill NJ 08034-5050
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V BROWN, JACK 511 S 18TH STREET PHILADELPHIA PA	3.1 TITLE V.T.S.	Brown, Jack V.T.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	PO Box 5050 (55 Carnegie Plaza)
STREET ADDRESS		3.3 STREET ADDRESS	Cherry Hill NJ 08034-5050
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D POULSON, LANCE 6225 MEMORIAL DR DUBLIN OH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PARRETT, REBECCA 6225 MEMORIAL DRIVE DUBLIN OH	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SHAMAN, S. LAWRENCE 1411 WALNUT ST #1014 PHILADELPHIA PA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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* 609 470 2132

CR2E034 (10/97)