

FILE NOW: FILING FEE IS \$61.25

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**Mar 20 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 # P40004 (4)
 1. Corporation Name
CANCER RESEARCH INSTITUTE, INC.



Principal Place of Business 681 FIFTH AVE. 12TH FLOOR NEW YORK NY 10022 US	Mailing Address 681 FIFTH AVE. 12TH FLOOR NEW YORK NY 10022 US
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3. Date Incorporated or Qualified 08/12/1992		
4. FEI Number 13-1837442	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input 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

**CAPITAL CONNECTION, INC.
P.O. BOX 10349
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE C	<input checked="" type="checkbox"/> DELETE
NAME GOGEL, DONALD	
STREET ADDRESS 375 PARK AVE 18TH FL	
CITY-ST-ZIP NEW YORK NY	
TITLE S	<input type="checkbox"/> DELETE
NAME GREEN, JOYCE, MRS.	
STREET ADDRESS 28 HARBOUR ROAD	
CITY-ST-ZIP KINGS POINT NY	
TITLE T	<input type="checkbox"/> DELETE
NAME DIXON, BRUCE D	
STREET ADDRESS GREENBRIAR LANE	
CITY-ST-ZIP GREENWICH CT	
TITLE CD	<input type="checkbox"/> DELETE
NAME GOGEL, DONALD J.	
STREET ADDRESS 126 E. 56TH STREET	
CITY-ST-ZIP NEW YORK NY	
TITLE VCD	<input type="checkbox"/> DELETE
NAME BALES, CARTER F.	
STREET ADDRESS 55 E. 52ND STREET	
CITY-ST-ZIP NEW YORK NY	
TITLE D	<input type="checkbox"/> DELETE
NAME BERKOWITZ, HOWARD P.	
STREET ADDRESS 888 SEVENTH AVENUE	
CITY-ST-ZIP NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

*Chairman
Carlos A. Ferrer
10 Glenville Street
Greenwich, CT 06831*

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]* **ALBERT R. MISSIDAS 3/11/98 (22) 688-7515**

CR2E037 (10/97)