

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088137 (0)

1. Corporation Name
MEADOWS MRI, INC.



Principal Place of Business
6341 NE 20TH WAY
FT LAUDERDALE FL 33308

Mailing Address
6341 NE 20TH WAY
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3650 N. FEDERAL HWY Suite, Apt. #, etc. 22 SUITE 211 City & State 23 Lighthouse Point, FL Zip 24 33064		2a. Mailing Address 26 3650 N. Federal Hwy. Suite, Apt. #, etc. 27 SUITE 211 City & State 28 Lighthouse Point, FL Zip 29 33064		3. Date Incorporated or Qualified 10/24/1996	
				4. FEI Number 65-0706123	
				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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERMANSON, JERRY 6341 NE 20TH WAY FT LAUDERDALE FL 33308		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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WHITEMAN, ALAN	1.2 NAME	Cohen, Jeffrey
STREET ADDRESS	675 NW 101ST TER	1.3 STREET ADDRESS	54 N.E. 4th AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	D	2.1 TITLE	D
NAME	BOROZNY, ALAN	2.2 NAME	PATEL ARVIND
STREET ADDRESS	1400 NW 14TH AVE	2.3 STREET ADDRESS	3812 Waberk Lake Drive West
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302
TITLE	D	3.1 TITLE	D
NAME	HERMANSON, JERRY	3.2 NAME	ZUKER HARRY
STREET ADDRESS	6341 NE 20TH WAY	3.3 STREET ADDRESS	2895 Timbercreek Circle
CITY-ST-ZIP	FT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 in an attachment with an address.

SIGNATURE:

Alan Whiteman, President 3/3/98 (954) 941-1338

CR2E034 (10/97)