


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

**FILED**  
**Jun 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortharp</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000027855 (0)**  
 1. Corporation Name  
**M-R-S. SPORTS MEDICINE, INC.**



Principal Place of Business <b>% MICHAEL BODY SCENES          5994 S.W. 18TH ST          BOCA RATON FL 33433</b>	Mailing Address <b>% MICHAEL BODY SCENES          5994 S.W. 18TH ST          BOCA RATON FL 33433</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/24/1997**

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>65-0739863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GLICKMAN, ANDREW H  
 % MICHAEL BODY SCENES  
 5994 S.W. 18TH ST  
 BOCA RATON FL 33433**

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	<input type="checkbox"/> DELETE	1.1 TITLE	V. Pres./Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Andrew Glickman
STREET ADDRESS		1.3 STREET ADDRESS	22537 SW 66 Ave., #105
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Leslie Glickman
STREET ADDRESS		2.3 STREET ADDRESS	22537 SW 66 Ave., #105
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V. Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael Papamichael
STREET ADDRESS		3.3 STREET ADDRESS	23217 Boca Club Colony Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V. Pres./Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Stephen Questell
STREET ADDRESS		4.3 STREET ADDRESS	2882 Waterford Drive South
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V. Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Daniel Hare
STREET ADDRESS		5.3 STREET ADDRESS	2882 Waterford Drive South
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael Frank
STREET ADDRESS		6.3 STREET ADDRESS	5541 Pacific Boulevard
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boca Raton, FL 33433

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Andrew H. Glickman *[Signature]* 4/30/98 11541762-7945

CR2E034 (10/97)