

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 23 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 388362 (6)
1. Corporation Name
NEUROTRONICS, INC.



Principal Place of Business 20825 NE 132 AVENUE WALDO FL 32694 US	Mailing Address 20825 NE 132 AVENUE WALDO FL 32694 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4609 NW 6th Street Suite, Apt. #, etc. 22 Suite B-5 City & State 23 Gainesville, FL Zip 24 32609 Country 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/14/1971	3a. Date of Last Report 04/18/1996
				4. FEI Number 05-9140850	Applied For Not Applicable
				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, JACK R STAR ROUTE 1, BOX 543 WALDO 32694				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20825 NE 132 Avenue 83 84 City Waldo FL 85 Zip Code 32694	
--	--	--	--	---	--

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	NAME	SMITH, DARI	1.1 TITLE	Corporate Secretary, Director	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS	700 S.W. 18TH PLACE	CITY - ST - ZIP	GAINESVILLE FL	1.2 NAME			
				1.3 STREET ADDRESS	200002251662--7		
				1.4 CITY - ST - ZIP	-07/29/97-01131--015		
TITLE	PO	NAME	SMITH, JACK	2.1 TITLE	****165.00	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS	STAR ROUTE 1, BOX 543	CITY - ST - ZIP	WALDO FL	2.2 NAME			
				2.3 STREET ADDRESS	20825 NE 132 Avenue		
				2.4 CITY - ST - ZIP	Waldo, FL 32694		
TITLE		NAME		3.1 TITLE	Vice-President, Director	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
STREET ADDRESS		CITY - ST - ZIP		3.2 NAME	Eileen McCarthy-Smith		
				3.3 STREET ADDRESS	20825 NE 132 Avenue		
				3.4 CITY - ST - ZIP	Waldo, FL 32694		
TITLE		NAME		4.1 TITLE	Corporate Comptroller	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
STREET ADDRESS		CITY - ST - ZIP		4.2 NAME	Staci Shanahan		
				4.3 STREET ADDRESS	9341 East Bay Harbor Dr., #7-D		
				4.4 CITY - ST - ZIP	Bay Harbor Islands, FL 33154		
TITLE		NAME		5.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS		CITY - ST - ZIP		5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY - ST - ZIP			
TITLE		NAME		6.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS		CITY - ST - ZIP		6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY - ST - ZIP			

14. I do 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 _____ SIGNATURE REQUIRED 7/2/97

CR2E034 (4/97)