

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # F96000002648 (1)
1. Corporation Name
P.E.T. NET PHARMECAEUTICAL SERVICES CORPORATION



Principal Place of Business

80001 PRAIRIE ST.
CHATSWORTH CA 91311

Mailing Address

20001 PRAIRIE ST.
CHATSWORTH CA 91311-6508

3. Date Incorporated or Qualified 05/28/1996	3a. Date of Last Report
4. FEI Number 95-4368597	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6464 CANOGA AVE	26 6464 CANOGA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 LEGAL DEPT
City & State	City & State
23 WOODLAND HILLS, CA	28 WOODLAND HILLS, CA
Zip	Zip
Country	Country
24 91367-2407 25 USA	29 91367-2407 30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREVIN, GENE R	1.2 NAME	
STREET ADDRESS	20001 PRAIRIE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNARI, ROBERT G	2.2 NAME	
STREET ADDRESS	20001 PRAIRIE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGERDJIAN, HAIG S	3.2 NAME	
STREET ADDRESS	20001 PRAIRIE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKITY, MICHAEL E	4.2 NAME	
STREET ADDRESS	20001 PRAIRIE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FU, MONTY	5.2 NAME	
STREET ADDRESS	20001 PRAIRIE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	5.4 CITY-ST-ZIP	
TITLE		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 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 in an attachment with an address.

CR2E034 (9/96)