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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003862 (6)

1. Corporation Name

CHARLOTTE RESOURCES, INC.



Principal Place of Business

Mailing Address

C/O MEDICAL RESOURCES, INC.
155 STATE STREET
HACKENSACK NJ 07601

C/O MEDICAL RESOURCES, INC.
155 STATE STREET
HACKENSACK NJ 07601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

22-3525039

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 C/O THE MRI CENTER OF CHARLOTTE COUNTY
23 3358 TAMiami TRAIL

22 Suite, Apt. #, etc.

23 City & State

PORT CHARLOTTE, FL

24 Zip

33952

25 Country

26

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME FARRELL, WILLIAM D
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

DELETE

TITLE V
NAME FARRELL, ROBERT L
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

DELETE

TITLE VS
NAME FIELDS, GARY I
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

DELETE

TITLE VT
NAME P'MALLEY, JOHN P
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIP
1.2 NAME GERALD H. ALLEN
1.3 STREET ADDRESS 155 STATE ST.
1.4 CITY-ST-ZIP HACKENSACK, NJ 07601

Change

Addition

2.1 TITLE VITIS
2.2 NAME GEOFFREY A. WHYNOT
2.3 STREET ADDRESS 155 STATE ST.
2.4 CITY-ST-ZIP HACKENSACK, NJ 07601

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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 on an attachment with an address.

SIGNATURE

[Signature]

[Signature]

CR2E034 (10/97)