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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000003862 (6)

1. Corporation Name

CHARLOTTE RESOURCES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 *21. THE MRI CENTER OF CHARLOTTE COUNTY*  
3358 TAMiami TRAIL  
Suite, Apt. #, etc.

2a. Mailing Address

26  
27  
28

Suite, Apt. #, etc.

22. City & State

23 *23. PORT CHARLOTTE, FL*

City & State

27  
28

24. Zip

24 *24. 33952*

Zip

29  
30

Country

9. Name and Address of Current Registered Agent

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

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

85. Zip Code

FL

10. Name and Address of New Registered Agent

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

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>PCC</b> <b>FARRELL, WILLIAM D</b> <b>155 STATE STREET</b> <b>HACKENSACK NJ</b>	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP  <b>D/P</b> <b>GERALD H. ALLEN</b> <b>155 STATE ST.</b> <b>HACKENSACK, NJ 07601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>V</b> <b>FARRELL, ROBERT L</b> <b>155 STATE STREET</b> <b>HACKENSACK NJ</b>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP  <b>V/T/S</b> <b>GEOFFREY A. WHYNOT</b> <b>155 STATE ST.</b> <b>HACKENSACK, NJ 07601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>VS</b> <b>FIELDS, GARY I</b> <b>155 STATE STREET</b> <b>HACKENSACK NJ</b>	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>VT</b> <b>P'MALLEY, JOHN P</b> <b>155 STATE STREET</b> <b>HACKENSACK NJ</b>	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. 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 on an attachment with an address.

SIGNATURE

1/1/98