

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

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
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DOCUMENT # F97000003941 (8)
1. Corporation Name
CORAL WAY RESOURCES, INC.



Principal Place of Business C/O MEDICAL RESOURCES, INC. 155 STATE ST. HACKENSACK NJ 07601	Mailing Address C/O MEDICAL RESOURCES, INC. 155 STATE ST. HACKENSACK NJ 07601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O CORAL WAY MRI 1757 CORAL WAY Suite, Apt. #, etc.	2a. Mailing Address C/O CORAL WAY MRI 1757 CORAL WAY Suite, Apt. #, etc.
22. City & State MIAMI, FL 33135	27. City & State MIAMI, FL 33135
23. Zip 33135	28. Zip 33135
24. Country	29. Country

3. Date Incorporated or Qualified 07/28/1997	
4. FEI Number 22-3526230	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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	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	PDC	<input checked="" type="checkbox"/> DELETE	
NAME	FARRELL, WILLIAM D		
STREET ADDRESS	155 STATE ST.		
CITY-ST-ZIP	HACKENSACK NJ 07601		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	FARRELL, ROBERT L		
STREET ADDRESS	155 STATE ST.		
CITY-ST-ZIP	HACKENSACK NJ 07601		
TITLE	VS	<input checked="" type="checkbox"/> DELETE	
NAME	FIELDS, GARY I		
STREET ADDRESS	155 STATE ST.		
CITY-ST-ZIP	HACKENSACK NJ 07601		
TITLE	VI	<input checked="" type="checkbox"/> DELETE	
NAME	P'MALLEY, JOHN P III		
STREET ADDRESS	155 STATE ST.		
CITY-ST-ZIP	HACKENSACK NJ 07601		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	GERALD H. ALLEN	
13. STREET ADDRESS	155 STATE ST.	
14. CITY-ST-ZIP	HACKENSACK, NJ 07601	
21. TITLE	VIT/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	GEOFFREY A. WHYNOT	
23. STREET ADDRESS	155 STATE ST.	
24. CITY-ST-ZIP	HACKENSACK, NJ 07601	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CP2E034 (10/97)