

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90040 040 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000003941**

1. Corporation Name  
**CORAL WAY RESOURCES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1757 CORAL WAY  
 MIAMI FL 33135  
 US

Mailing Address  
 C/O MEDICAL RESOURCES, INC.  
 155 STATE ST.  
 HACKENSACK NJ 07601

3. Date Incorporated or Qualified  
**07/28/1997**

4. FEI Number  
**22-3526230**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21

2a. Mailing Address  
 26 **C/O Medical Resources, Inc.**  
**125 State Street**

22 Suite, Apt. #, etc.  
 27 **Suite 200 - Legal Dept.**

23 City & State  
 28 **Hackensack, New Jersey**

24 Zip Country  
 25 29 **07601** 30 **USA**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DP                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | ALLEN, G H          |  |
| STREET ADDRESS | 155 STATE ST.       |  |
| CITY-ST-ZIP    | HACKENSACK NJ 07601 |  |
| TITLE          | VTS                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | WHYNOT, G A         |  |
| 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    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Duane C. Montopoli           |  |
| 1.3 STREET ADDRESS | 125 State Street - Suite 200 |  |
| 1.4 CITY-ST-ZIP    | Hackensack, New Jersey 07601 |  |
| 2.1 TITLE          | DP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Michael J. Drumgoole         |  |
| 2.3 STREET ADDRESS | 125 State Street - Suite 200 |  |
| 2.4 CITY-ST-ZIP    | Hackensack, New Jersey 07601 |  |
| 3.1 TITLE          | VS                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Christopher J. Joyce         |  |
| 3.3 STREET ADDRESS | 125 State Street - Suite 200 |  |
| 3.4 CITY-ST-ZIP    | Hackensack, New Jersey 07601 |  |
| 4.1 TITLE          | VT                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Geoffrey A. Whynot           |  |
| 4.3 STREET ADDRESS | 125 State Street - Suite 200 |  |
| 4.4 CITY-ST-ZIP    | Hackensack, New Jersey 07601 |  |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-ST-ZIP    |                              |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 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, with all other like empowered.

SIGNATURE: *Michael W. Drumgoole* **REQUIRED** Date: **4-27-99** Daytime Phone #: **(201) 488-6230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael W. Drumgoole, President**

CR2E034 (11/98)