

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 # **F97000004325 (3)**
1. Corporation Name
BRADENTON RESOURCES, INC.



Principal Place of Business
**155 STATE STREET
HACKENSACK NJ 07601**

Mailing Address
**155 STATE STREET
HACKENSACK NJ 07601**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business COMAGNETIC IMAGING CENTER OF MANATEE		2a. Mailing Address COMAGNETIC IMAGING CENTER OF MANATEE		3. Date Incorporated or Qualified 08/18/1997	
21. Suite, Apt. #, etc. 410 FOURTH AVE. E.		26. Suite, Apt. #, etc. 410 FOURTH AVE. E.		4. FEI Number APPLIED FOR 22-3534794	
22. City & State BRADENTON, FL		27. City & State BRADENTON, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 34208		28. Zip 34208		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		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 NRAI, INC. 528 EAST PARK AVENUE TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	NAME	DELETE	1.1 TITLE	D/P	1.2 NAME	Change Addition
STREET ADDRESS	FARRELL, WILLIAM D	155 STATE STREET		1.3 STREET ADDRESS	GERALD H. ALLEN	155 STATE ST.	
CITY-ST-ZIP	HACKENSACK NJ			1.4 CITY-ST-ZIP	HACKENSACK, NJ	07601	
TITLE	VP	NAME	DELETE	2.1 TITLE	VITIS	2.2 NAME	Change Addition
STREET ADDRESS	O'MALLEY III, JOHN P	155 STATE STREET		2.3 STREET ADDRESS	GEOFFREY A. WHYNOT	155 STATE ST.	
CITY-ST-ZIP	HACKENSACK NJ			2.4 CITY-ST-ZIP	HACKENSACK, NJ	07601	
TITLE	V	NAME	DELETE	3.1 TITLE		3.2 NAME	Change Addition
STREET ADDRESS	FIELDS, GARY I	155 STATE STREET		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP	HACKENSACK NJ			4.1 TITLE		4.2 NAME	Change Addition
TITLE	V	NAME	DELETE	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
STREET ADDRESS	LARSEN, CARL B	155 STATE STREET		5.1 TITLE		5.2 NAME	Change Addition
CITY-ST-ZIP	HACKENSACK NJ			5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE	V	NAME	DELETE	6.1 TITLE		6.2 NAME	Change Addition
STREET ADDRESS	FARRELL, ROBERT L	155 STATE STREET		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP	HACKENSACK NJ						
TITLE	AS	NAME	DELETE				
STREET ADDRESS	DAVIS, STEPHEN M	711 5TH AVENUE					
CITY-ST-ZIP	NEW YORK NY						

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.

CR2E034 (10/97)