

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J54206 (4)
 1. Corporation Name
PLANTATION BIOFEEDBACK, INC.



Principal Place of Business 6901 W BROWARD BLVD. SUITE 203 PLANTATION FL 33317 US	Mailing Address 6901 W BROWARD BLVD. STE. 203 PLANTATION FL 33317-2912 US
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3. Date Incorporated or Qualified 01/26/1987	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business 21 201 NW 82nd Ave Suite, Apt. #, etc. 22 205 City & State 23 Plantation, FL Zip 24 33324 Country 25 USA	2a. Mailing Address 26 201 NW 82nd Ave Suite, Apt. #, etc. 27 205 City & State 28 Plantation, FL Zip 29 33324 Country 30 USA	4. FEI Number 59-2766844 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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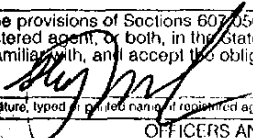
9. Name and Address of Current Registered Agent

NEMEROFSKY, STEPHEN L.
6901 W BROWARD BLVD.
SUITE 203
PLANTATION FL 33317

10. Name and Address of New Registered Agent


81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	201 NW 82nd Ave
83	#205
84 City	Plantation
85 State	FL
86 Zip Code	33324

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, 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 607.0506, Florida Statutes.

SIGNATURE  DATE **4/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	NEMEROFSKY, Stephen L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMEROFSKY, STEPHEN L.	1.2 NAME	
STREET ADDRESS	6901 W BROWARD BLVD., STE. 203	1.3 STREET ADDRESS	201 NW 82nd Ave, #205
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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  DATE **4/21/97 (954) 474-3900**

CR2E034 (9/96)