



FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

Mar 20 1997 8:00am
Secretary of State



DOCUMENT # J76469 (2)

1. Corporation Name:
CLINICAL RESEARCH CONSULTANTS, INC.

Principal Place of Business:
% PATRICIA R. SCHAGRIN
10661 NW 14 STREET #249
PLANTATION FL 33322

Mailing Address:
% PATRICIA R. SCHAGRIN
10661 NW 14 STREET #249
PLANTATION FL 33322-6960

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address:
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/08/1987

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2813225

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
SCHAGRIN, PATRICIA R.
10661 NW 14 STREET #249
PLANTATION FL 33322

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

Signature of person authorized to register agent and file this report (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
11.1 TITLE
12.1 NAME
13.1 STREET ADDRESS
14.1 CITY - ST - ZIP
11.2 TITLE
12.2 NAME
13.2 STREET ADDRESS
14.2 CITY - ST - ZIP
11.3 TITLE
12.3 NAME
13.3 STREET ADDRESS
14.3 CITY - ST - ZIP
11.4 TITLE
12.4 NAME
13.4 STREET ADDRESS
14.4 CITY - ST - ZIP
11.5 TITLE
12.5 NAME
13.5 STREET ADDRESS
14.5 CITY - ST - ZIP
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14.6 CITY - ST - ZIP
11.7 TITLE
12.7 NAME
13.7 STREET ADDRESS
14.7 CITY - ST - ZIP
11.8 TITLE
12.8 NAME
13.8 STREET ADDRESS
14.8 CITY - ST - ZIP
11.9 TITLE
12.9 NAME
13.9 STREET ADDRESS
14.9 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11.1 TITLE
12.1 NAME
13.1 STREET ADDRESS
14.1 CITY - ST - ZIP
11.2 TITLE
12.2 NAME
13.2 STREET ADDRESS
14.2 CITY - ST - ZIP
11.3 TITLE
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12.8 NAME
13.8 STREET ADDRESS
14.8 CITY - ST - ZIP
11.9 TITLE
12.9 NAME
13.9 STREET ADDRESS
14.9 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 included 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: Patricia R. Schagrin Patricia R. Schagrin 03/16/97 (954) 474-4226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #