

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

FILED
Apr 23 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 # J87682

(7)

1. Corporation Name
NEURO SYSTEMS, INC.

Principal Place of Business
C/O N.T.C.A. SUITE 304
7301 N. UNIVERSITY DRIVE
TAMARAC FL 33321

Mailing Address
C/O N.T.C.A. SUITE 304
~~7301 N. UNIVERSITY DRIVE~~
~~TAMARAC FL 33321-2819~~



3. Date Incorporated or Qualified
08/12/1987

3a. Date of Last Report
04/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 4486 N. Univ Dr.	65-0008903	Not Applicable
22 City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 LAudershill	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 33351	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25	30 Broward		

9. Name and Address of Current Registered Agent

HOLZBERG, GLENN J.
999 PONCE DE LEON BLVD
SUITE 1015
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

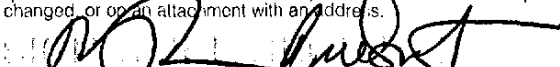
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	GREENBARG, PHILLIP E.	1.2 NAME	
STREET ADDRESS	3475 SHERIDAN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	REINES, RICHARD A.	2.2 NAME	
STREET ADDRESS	4814 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	VINSANT, JOHN	3.2 NAME	
STREET ADDRESS	2607 POLK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change Addition
NAME	TRAPANA, RONALD J.	4.2 NAME	
STREET ADDRESS	210 S. FEDERAL HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
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: X



4/16/97

CR2E034 (9/96)