
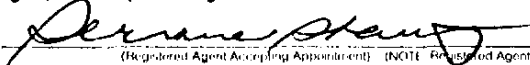
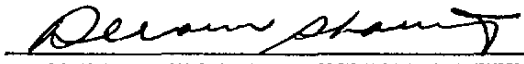


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000369			
PAIN RELIEF TECHNOLOGY, LLC C/O BERNARD SHAVITZ 777 AFTON VILLA COURT BOCA RATON FL 33433		1a. Principal Place of Business Address C/O BERNARD SHAVITZ 777 AFTON VILLA COURT BOCA RATON FL 33433			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		7777 Suite, Apt. #, etc.		12/19/1995	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0647147	
Country		Country		5. Date of Last Report	
				01/27/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
SHAVITZ, BERNARD 7777 AFTON VILLA CT. BOCA RATON FL 33433		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002446428 3 -03/04/98-01016-015 City ****188.75 ****188.75 FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE 		DATE 3/5/98			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title		Managing Members/Managers		Business Street Address	
MGRM		SHAVITZ, BERNARD		7777 AFTON VILLA COURT	
MGRM		SHAVITZ, HARRIET		7777 AFTON VILLA COURT	
				BOCA RATON FL	
				BOCA RATON FL	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		DATE 3/5/98 361-583 9888			
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER					