

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14448 (7)
1. Corporation Name
THE REED INSTITUTE FOR MEDICAL RESEARCH, INC.



Principal Place of Business 1015 W 47TH ST. MIAMI BEACH FL 33140	Mailing Address 1015 W 47TH ST. MIAMI BEACH FL 33140-2802
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1986	3a. Date of Last Report 05/01/1996
21 Suite Apt. #, etc.	26 Suite Apt. #, etc.	4. FEI Number 59-2657799		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**GILLER, BRIAN J
975 41ST ST.
MIAMI BEACH FL 33140**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, EVLIN	1.2 NAME	
STREET ADDRESS	1015 W 47TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROBERT J II	2.2 NAME	
STREET ADDRESS	1015 W. 47TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JEFFREY M	3.2 NAME	
STREET ADDRESS	23528 POCAHONTAS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAITHERSBURG MD	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, PAMELA S	4.2 NAME	
STREET ADDRESS	4726 38 ST. NW	4.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **R. J. WRIGHT** 3/20/97 305/531-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029667

CR2E037 (9/96)