

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23492 (4)
1. Corporation Name
COMPREHENSIVE CANCER RESEARCH GROUP, INC.

Principal Place of Business Mailing Address
**160 NW 170TH ST
N MIAMI BEACH FL 33169** **160 NW 170TH ST
N MIAMI BEACH FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1987	3a. Date of Last Report 04/14/1994
4. FEI Number 65-0012760	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VOGEL, CHARLES MD 160 NW 170TH ST N MIAMI BEACH FL 33169				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, CHARLES	1.2 NAME	
STREET ADDRESS	6232 HANCOCK RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	DAVIE FL	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVERSA, RICHARD	2.2 NAME	
STREET ADDRESS	6873 NW 24 TERR	2.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JOHN	3.2 NAME	
STREET ADDRESS	522 RIDGEVIEW LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	VILLANOVA PA	3.4 CITY- ST- ZIP	
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALICK, BERNARD	4.2 NAME	
STREET ADDRESS	8201 BEVERLY BLVD	4.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LESLIE	5.2 NAME	
STREET ADDRESS	8201 BEVERLY BLVD	5.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESBITT, PAUL	6.2 NAME	
STREET ADDRESS	9801 WILSHIRE BLVD	6.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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: *Charles L. Vogel* **Charles L. Vogel** *2/27/95* **3055353350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #