ANNUAL REPORT
1995

Division of Corporations

95 APR 18 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003596 (3)

1. Corporation Name

THE GENETIC RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
%PAUL STEINBERG, ESQ. 767 ARTHUR GODFREY RD. MIAMI BEACH FL 33140	%PAUL STEINBERG, ESQ. 767 ARTHUR GODFREY RD. MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable

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

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

STEINBERG, PAUL B ESQ.
767 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	MASSON, JOHN W M.D.	1.2 NAME	
STREET ADDRESS	10400 WOODRIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOLUCA LAKE CA 91602	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	[ ] Change [ ] Addition
NAME	MASSON, MARGARET J R.N.	2.2 NAME	
STREET ADDRESS	10400 WOODRIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLUCA LAKE CA 91602	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	[ ] Change [ ] Addition
NAME	MASSON, GAYL A PHD.	3.2 NAME	
STREET ADDRESS	731 W. 34TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	[ ] Change [ ] Addition
NAME	MASSON, LISA M M.D.	4.2 NAME	
STREET ADDRESS	505 BARRINGHAM LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA 95305	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	PROVENZANO, JOSEPH J D.O.	5.2 NAME	
STREET ADDRESS	505 BARRINGHAM LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA 95305	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	[ ] Change [ ] Addition
NAME	DALENCOUR, LESLIE	6.2 NAME	
STREET ADDRESS	2365 PINETREE DR., #1	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	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 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: _____ 4/16/95 (305)531-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANGELA MASSON

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